

362
51 5501BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5501

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Anna Dietrich</i>		2. DATE OF DEATH <i>June 19-</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Baltimore</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2839 Mayfield Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>8-01</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2839 Mayfield Ave</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>M.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct 1-1889</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) <i>61</i>
11. BIRTHPLACE (State or foreign country) <i>Balto</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Joe Krieder</i>		14. MOTHER'S MAIDEN NAME <i>Anna Schrab</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Geo W. Dietrich</i>		ADDRESS <i>2839 Mayfield</i>	

18. <i>44 X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i> DUE TO (A) <i>Cardiac Hypertension</i> DUE TO (B) <i>Renal Disease</i> DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <i>Cerebral Hemorrhage</i> <i>Cardiac Hypertension</i> <i>Renal Disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i> <i>7 years</i>
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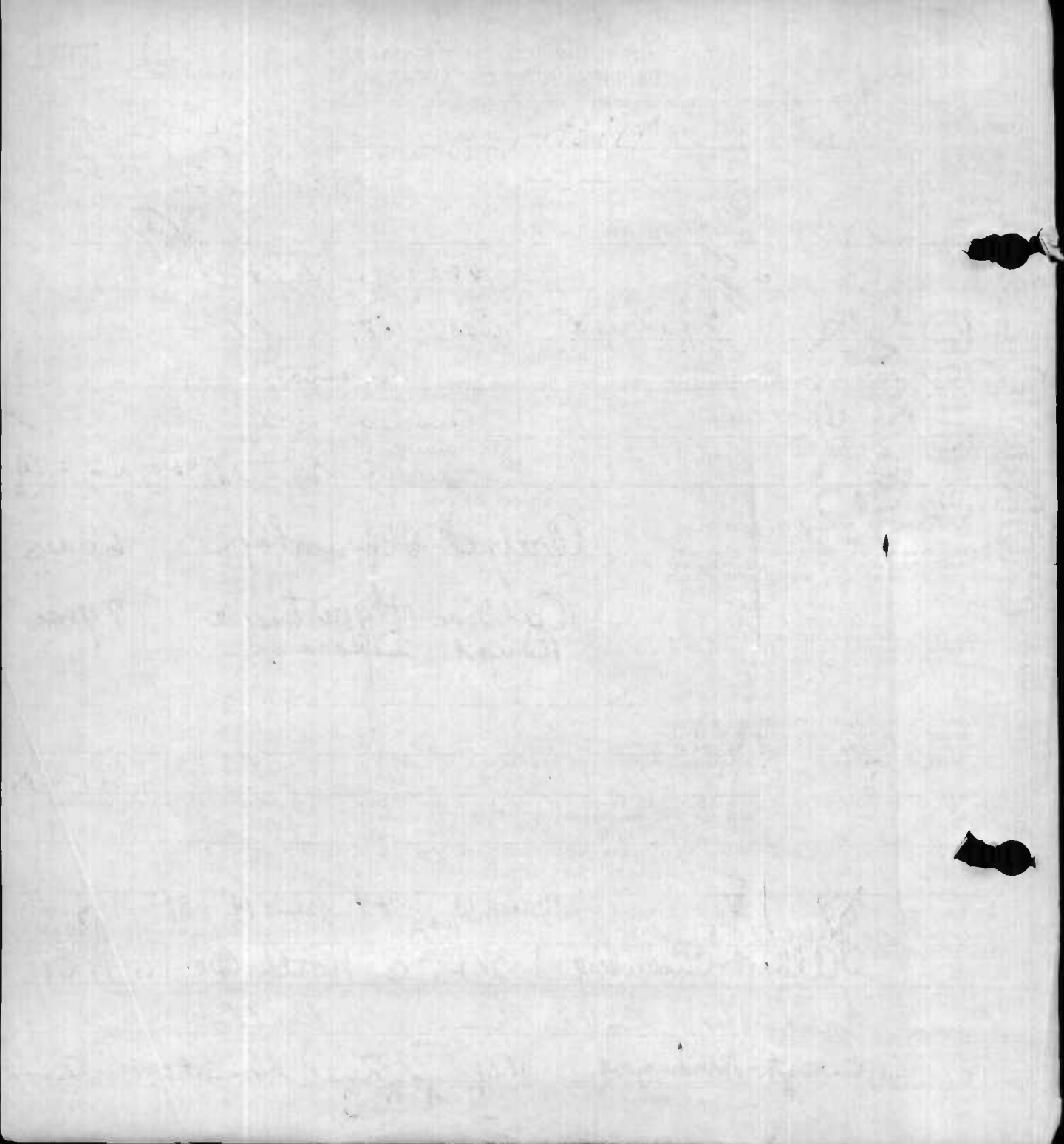
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22: I hereby certify that I attended the deceased from *March 13*, 19*44*, to *June 19*, 19*51*, that I last saw the deceased alive on *June 18*, 19*51*, and that death occurred at *1004* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Albert Eisenberg</i>	23B. ADDRESS <i>2025 E North Ave</i>	23C. DATE SIGNED <i>6-19-51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 22/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Balto Cem</i>	24D. LOCATION (City, town, or county) (State) <i>Balto</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 21 1951</i>	REGISTRAR'S SIGNATURE <i>Walter H. Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>William L. L. Home</i>	ADDRESS <i>2008 Orleans</i>
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5502

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) HENA S. KING		2. DATE OF DEATH 6-20-51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Md b. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION 4205 Groveland Ave		c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 28-41	
c. Length of stay in Baltimore 45 Yrs. Mo. Days		d. STREET ADDRESS (If rural, give location) 4205 Groveland Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	
13. FATHER'S NAME Not known		14. MOTHER'S MAIDEN NAME Not known	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Philip King - 3333 Belle Ave		ADDRESS _____	

18. 4200 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Arteriosclerotic Heart Disease 3 years DUE TO (B) Generalized arteriosclerosis 5 years DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21d. TIME (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Dec. 1948**, to **June 20, 1951**, that I last saw the deceased alive on **June 19, 1951**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Bernard Burgin	23b. ADDRESS 6721 Reisterstown Road	23c. DATE SIGNED 6/21/51
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6-21-51	24c. NAME OF CEMETERY OR CREMATORY Buac Israel
24d. LOCATION (City, town, or county) Batts Md		24e. STATE Md

DATE RECEIVED BY LOCAL REGISTRAR JUN 21 1951	REGISTRAR'S SIGNATURE W. H. Smith	25. FUNERAL DIRECTOR Jack Lewis ADDRESS 2100 Canton Pl
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Burgess
6721 Pentertown Rd
7104433

425
51 5503BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5503
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM F. FLECKENSTEIN

2. DATE
OF
DEATH

6-18-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR
INDUSTRY

Shoe & Boot

13. FATHER'S NAME

August

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If Yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Nov. 14-1880

9. AGE (In years
last birthday)

70

11 Under 1 Year
Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Barbara Leikhauf

17. INFORMANT

ADDRESS

Elizabeth Thibault 11 C. Con St

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *uremia + pulmonary edema*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Arteriosclerotic heart disease +
glomerulonephritis*
(C) *Diabetes mellitus*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 6-12-1951 to 6-18-1951 that I last saw the
deceased alive on 6-18-1951 and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

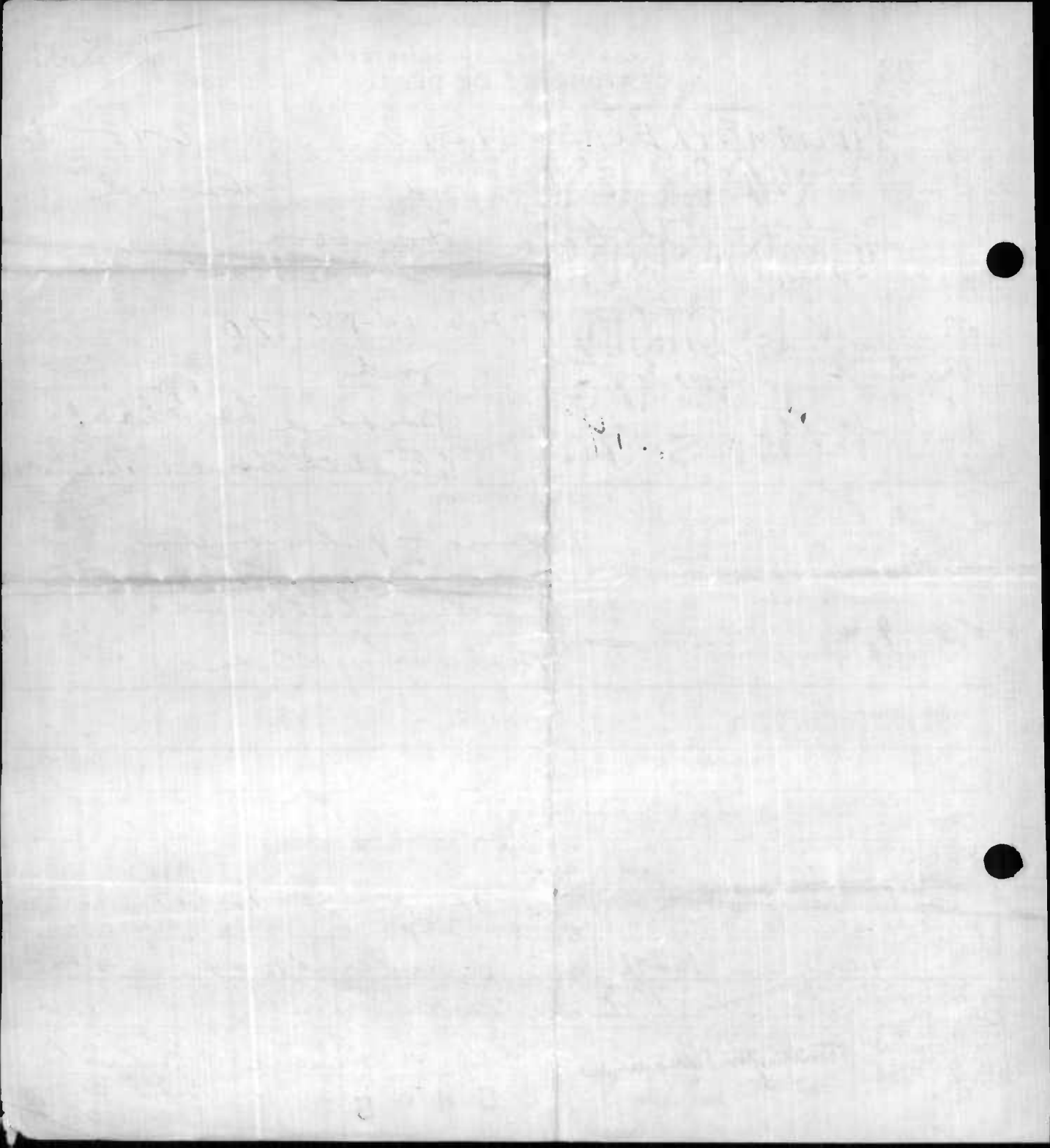
ADDRESS

JUN 21 1951

VS 150

290355495

Balto 21.
61 md.



51 5504

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. *W-420*

1. NAME OF DECEASED (Type or Print) <i>MAY VIOLET WELSH</i> <i>MAY VIOLEA MUNDER SWACK WELSH</i>		2. DATE OF DEATH <i>6-20-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>BALT</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALT.</i>	
C. Length of stay in Baltimore <i>71</i>		D. STREET ADDRESS (If rural, give location) <i>265 STRATFORD Rd.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>MAY 1, 1880</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Theophilis Munder</i>		14. MOTHER'S MAIDEN NAME <i>Emily Sunderman</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Richard (Mr. Graham) Welsh</i>		ADDRESS <i>Balto. Md.</i>	

18. <i>570.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Intestinal Obstruction</i> (A) <i>Intestinal Obstruction</i> DUE TO <i>(cause undetermined)</i> (B) <i>Old Coronary Occlusion</i> (C) <i>C. Myocardial Infarction</i>	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>7</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-20-51*, to *6-20-51*, that I last saw the deceased alive on *6-20-51*, and that death occurred at *8:15 PM* m., from the causes and on the date stated above.

23A. SIGNATURE *Richard Beach* M. D. *Union Memorial Hospital* 23B. ADDRESS *6-21-51* 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Crementation</i>	24B. DATE <i>June 23/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>London Park Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 21 1951</i>		25. FUNERAL DIRECTOR <i>Stewart & Brown Co., 108 W. North Ave.</i>	

RECEIVED

RECEIVED
JAN 10 1964
U.S. DEPT. OF AGRICULTURE
WASHINGTON, D.C.

51 5505

51 5505

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VERONICA SKRZYNYKI

2. DATE
OF
DEATH

June 20-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1308 Patterson Pk Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Balto.

D. STREET ADDRESS (If rural, give location)

1308 Patterson Pk Ave

c. Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Vincent Stachowiak

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Magdalena

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rev. Thad. Skrzyński 101 Church Lane

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Arterio sclerosis generalized

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1949, to June 20, 1951, that I last saw the
deceased alive on June 19, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Signature: Sigismund P. Nowak

M. D.

408 S. Patterson Pk Ave.

June 21, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 21 1951

Signature: [illegible]

Wm. S. Fialkowski 2007 Eastern Ave

THE UNIVERSITY OF CHICAGO

1950

1950

1950

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1950

1950

1950

51 5506

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5506
Registered No.

BIRTH NO.

C-400 N.R.

1. NAME OF DECEASED
(Type or Print)

VICKIE ELAINE COLLEY

2. DATE
OF
DEATH

June 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

127 N. GREENE ST.

Length of stay in Baltimore

8

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

JUNE 24, 1950

9. AGE (in years
last birthday)

11

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

PORTSMOUTH, OHIO

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

IRA J. COLLEY

14. MOTHER'S MAIDEN NAME

SUSAN TRAYLOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

IRA J. COLLEY

127 N. GREENE ST.

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William O. Brown

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 21, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/21/51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

PORTSMOUTH, OHIO

DATE RECEIVED BY
LOCAL REGISTRAR

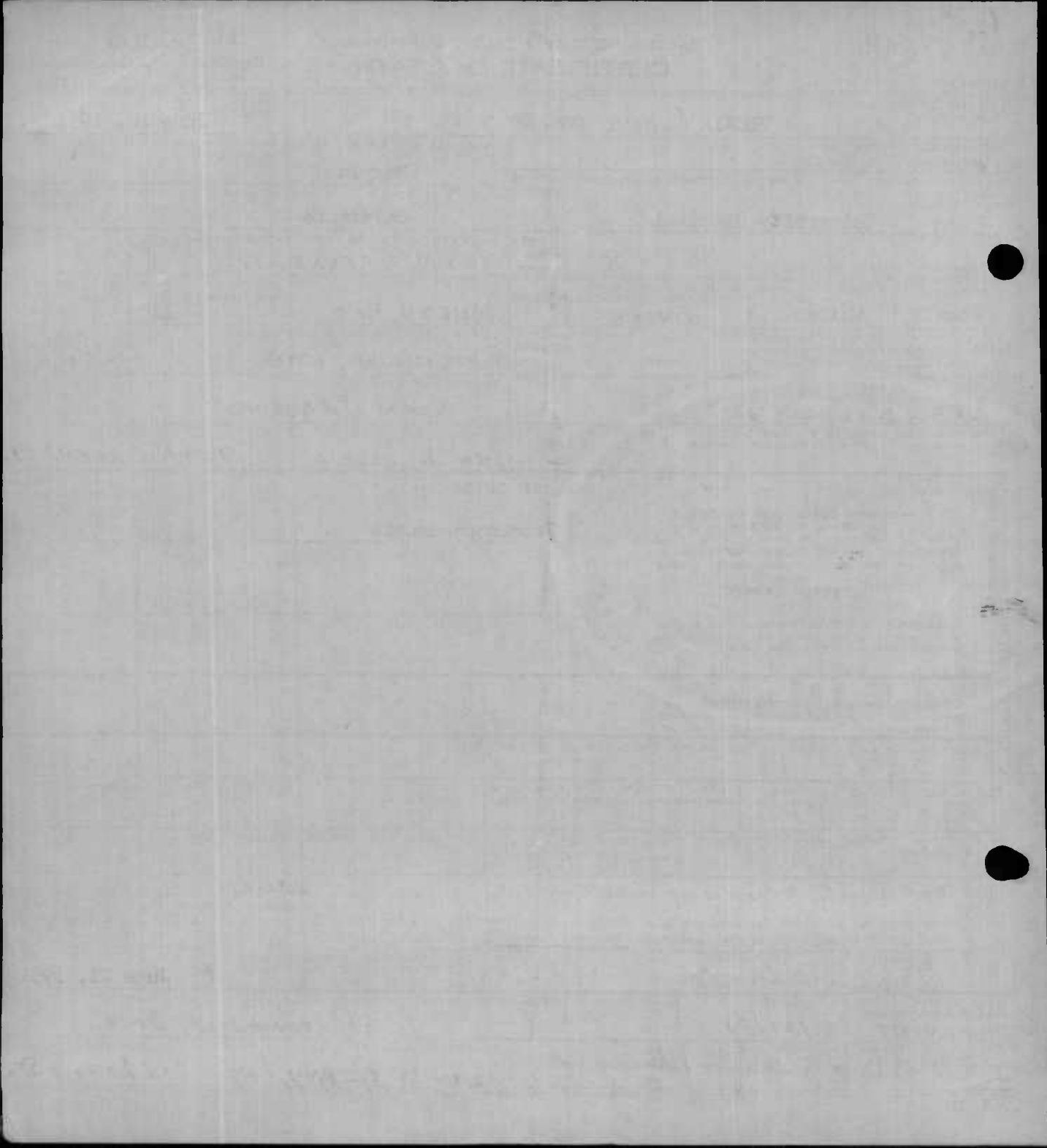
REGISTRAR'S SIGNATURE

Tunington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN A. DEANY, INC. 715 LIGHT ST.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5507**

51 5507

1. NAME OF DECEASED (Type or Print) Mary Starren		2. DATE OF DEATH June 19, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 447 E. Lanvale St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 13 yrs.		D. STREET ADDRESS (If rural, give location) 447 E. Lanvale St	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 9, 1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 61 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Jeff Austin		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		11. BIRTHPLACE (State or foreign country) Littleton N. C.	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Roosevelt Starren	

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Carcinoma of rt. Breast DUE TO & metastasis. (B) Unknown DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from September, 1950 , to June , 19 51 , that I last saw the deceased alive on June 16, 1951 , and that death occurred at 8 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS M. D. 1202 N. Caroline St.		23C. DATE SIGNED 6/20/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 23/51		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Em. & A. A. County Md	
24D. LOCATION (City, town, or county) (State) Md		25. FUNERAL DIRECTOR Mrs. Robert A. Elliott		ADDRESS 447 E. Lanvale St.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 21 1951		REGISTRAR'S SIGNATURE [Signature]			

MEDICAL CERTIFICATION

Correct age is especially important

21 5

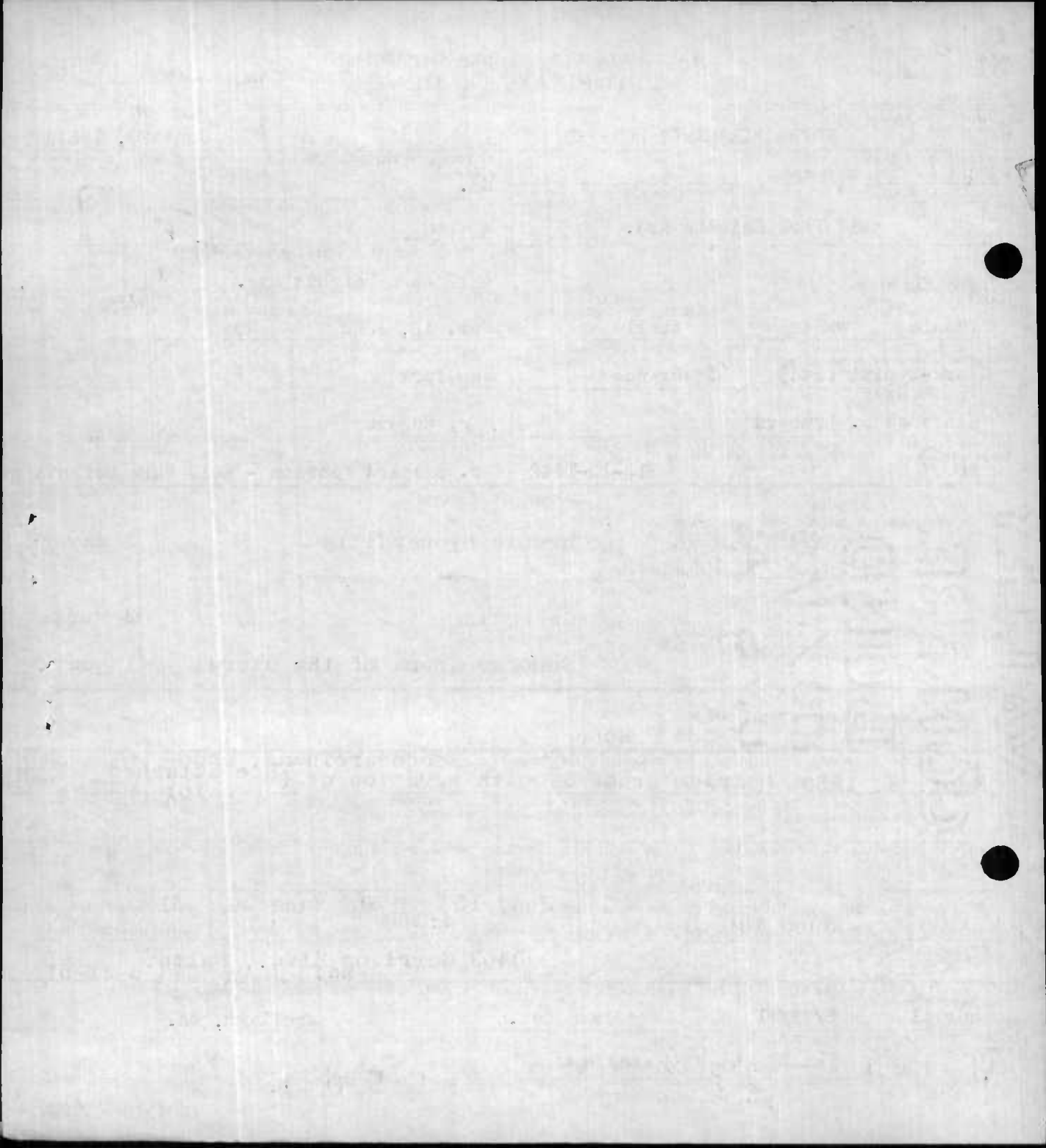
EXHIBIT 100-100

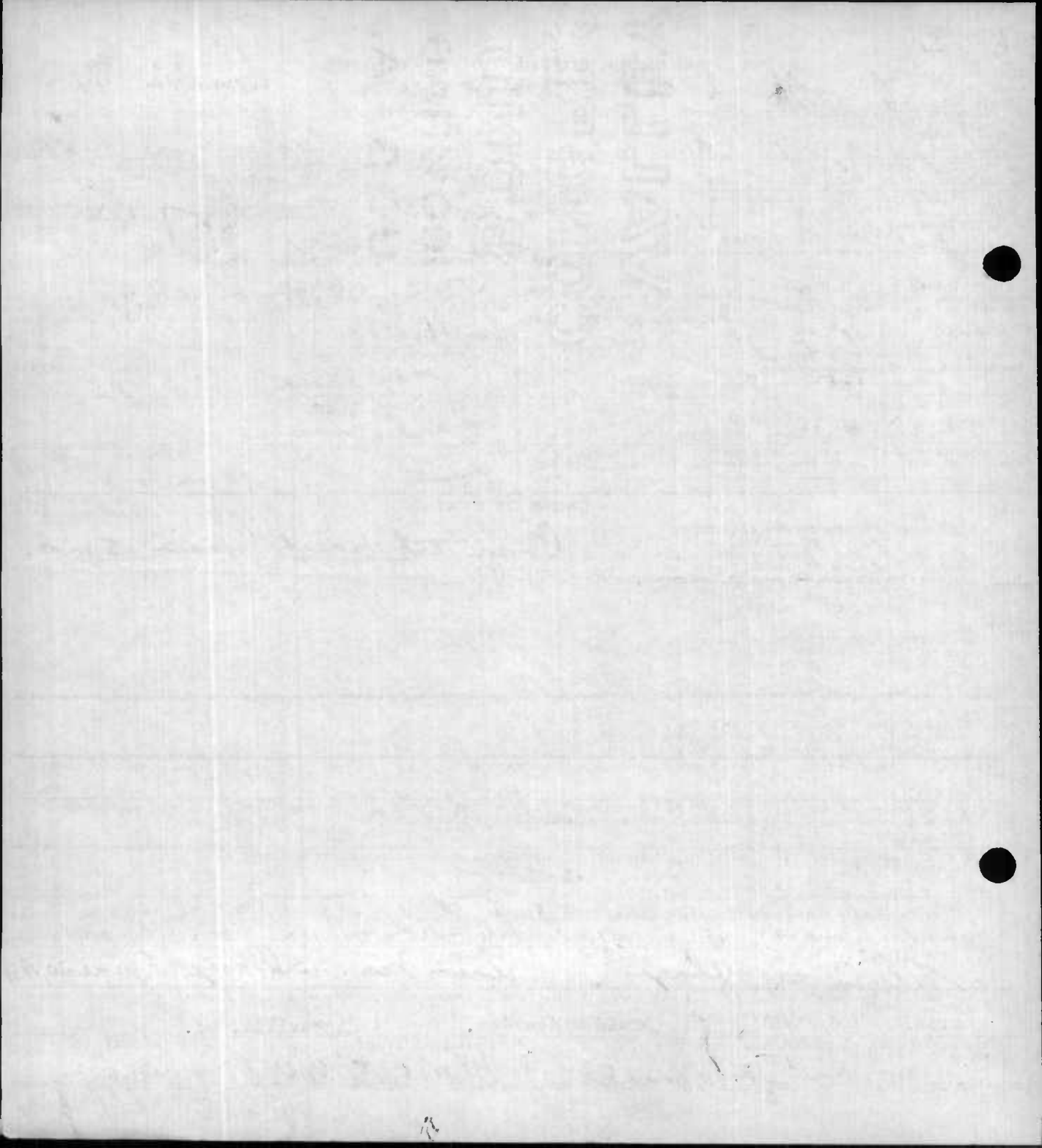


516
51 5508BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5508

BIRTH NO.		1. NAME OF DECEASED (Type or Print) SOPHRONIA MARIE LUMBARD		2. DATE OF DEATH June 20, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 4817 Park Heights Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 4817 Park Heights Ave.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Oct. 15, 1880	9. AGE (in years last birthday) 70	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-typist (rtd)		10B. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (State or foreign country) New York	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Clarence D. Lumbard			
14. MOTHER'S MAIDEN NAME Mary Nugent		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO. 215-10-1542		17. INFORMANT ADDRESS Mr. Shepard Pearson - 4817 Park Heights Ave.			
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 174X (A) Chronic myocarditis DUE TO ANTECEDENT CAUSES (B) Cachexia DUE TO (C) Adenocarcinoma of the uterus II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None		INTERVAL BETWEEN ONSET AND DEATH 5 days 2 weeks 1 year			
19A. DATE OF OPERATION Sept. 8, 1950		19B. MAJOR FINDINGS OF OPERATION Adenocarcinoma, endometrium grade II with invasion of (See attached slip)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 15, 1951 to June 20, 1951, that I last saw the deceased alive on June 18, 1951, and that death occurred at 4:15 p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 3403 Garrison Blvd., Balto Md.		23C. DATE SIGNED 6-21-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/22/51		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		24E. LOCAL REGISTRAR JUN 21 1951		24F. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
24G. FUNERAL DIRECTOR JUN 21 1951		24H. ADDRESS 4817 Park Heights Ave.		24I. SIGNATURE <i>[Signature]</i>	





162
51 5510BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5510
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM E. JEFFRIES

2. DATE
OF
DEATH

June 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 2928 Guilford Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
2928 Guilford Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Sept. 4, 1880

9. AGE (in years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

machinist

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph L. Jeffries

14. MOTHER'S MAIDEN NAME

Clara V. Bulack

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS Ave.

Mrs. Charles E. Wilkerson-2928 Guilford

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Coronary Occlusion

1 hr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) arteriosclerosis

DUE TO

(B) Chronic Myocarditis

3 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1951, to June 20, 1951, that I last saw the
deceased alive on June 19, 1951, and that death occurred at 6:09 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor, M.D.

23B. ADDRESS

3902 Greenmount av.

23C. DATE SIGNED

June 20, 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/23/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 21 1951

Walter J. Williams, Jr.

1021 M. J. S. Jones

V. L. S.

VS 150

544 50

Baltimore Md 937

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5511**

BIRTH NO. **635**

1. NAME OF DECEASED (Type or Print) DANIEL GROVER BORTNER		2. DATE OF DEATH 6-20-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
C. Length of stay in Baltimore 63 yrs		D. STREET ADDRESS (If rural, give location) 2536 DRUID PK DRIVE	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 4-20-1888
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10B. KIND OF BUSINESS OR INDUSTRY Construction	
13. FATHER'S NAME DANIEL BORTNER		14. MOTHER'S MAIDEN NAME LENA BENDEL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. 217-01-0300	
		17. INFORMANT Mrs. Louis BORTNER ADDRESS SISTER IN LAW 4527 Kemwick Rd.	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) MYOCARDIAL INFARCTION DUE TO (B) ASHD DUE TO (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH 3 days
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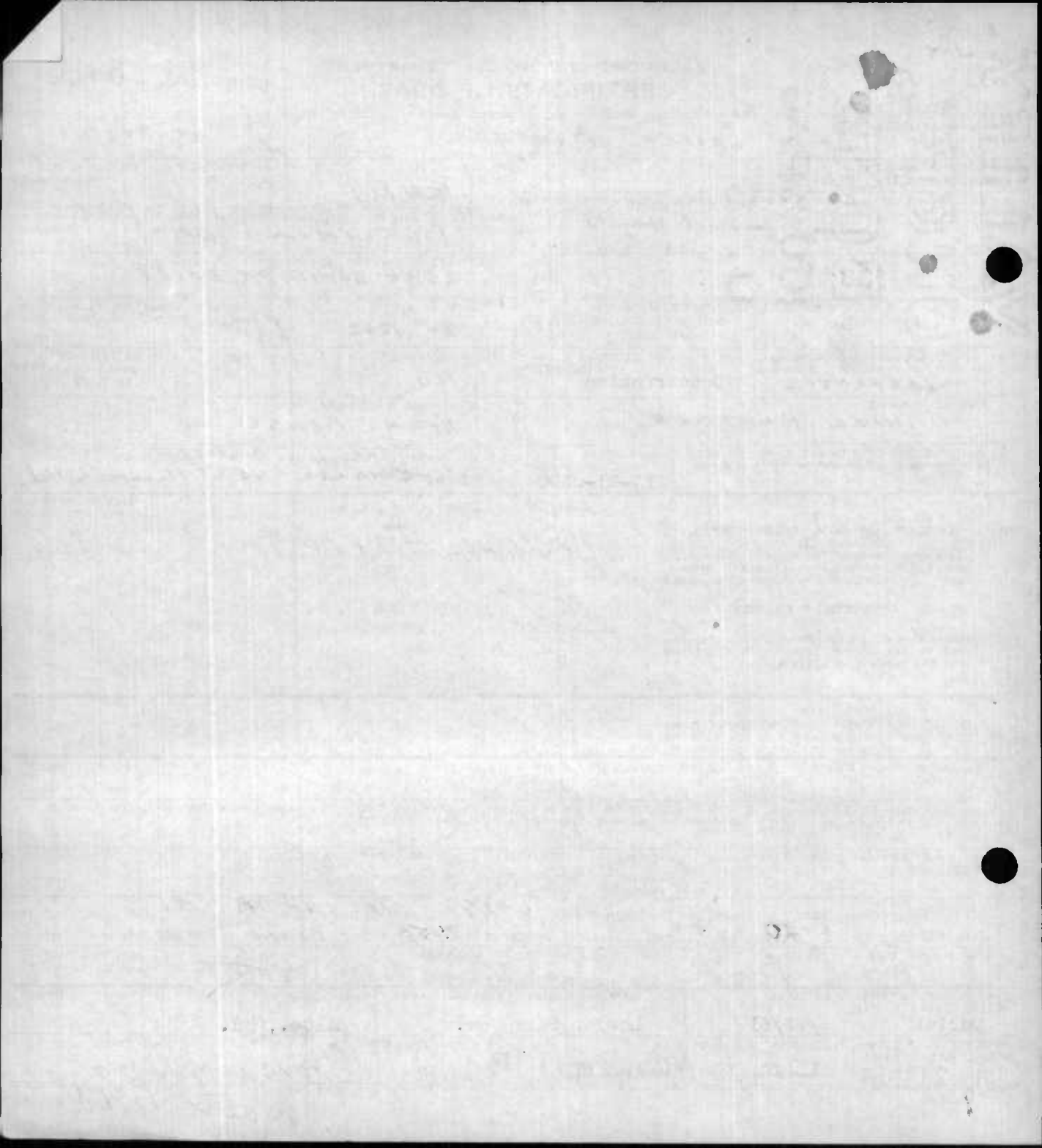
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **6-18**, 19**51**, to **6-19**, 19**51**, that I last saw the deceased alive on **6-20**, 19**51**, and that death occurred at **7:15 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Richard Beach** M. D. 23B. ADDRESS **Union Memorial Hosp.** 23C. DATE SIGNED **6-21-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/23/51	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUN 21 1951	REGISTRAR'S SIGNATURE Wm. J. Tiekner	25. FUNERAL DIRECTOR Wm. J. Tiekner	ADDRESS Saus 937 Balto Md.
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5512**

553
51 5512
BIRTH NO.

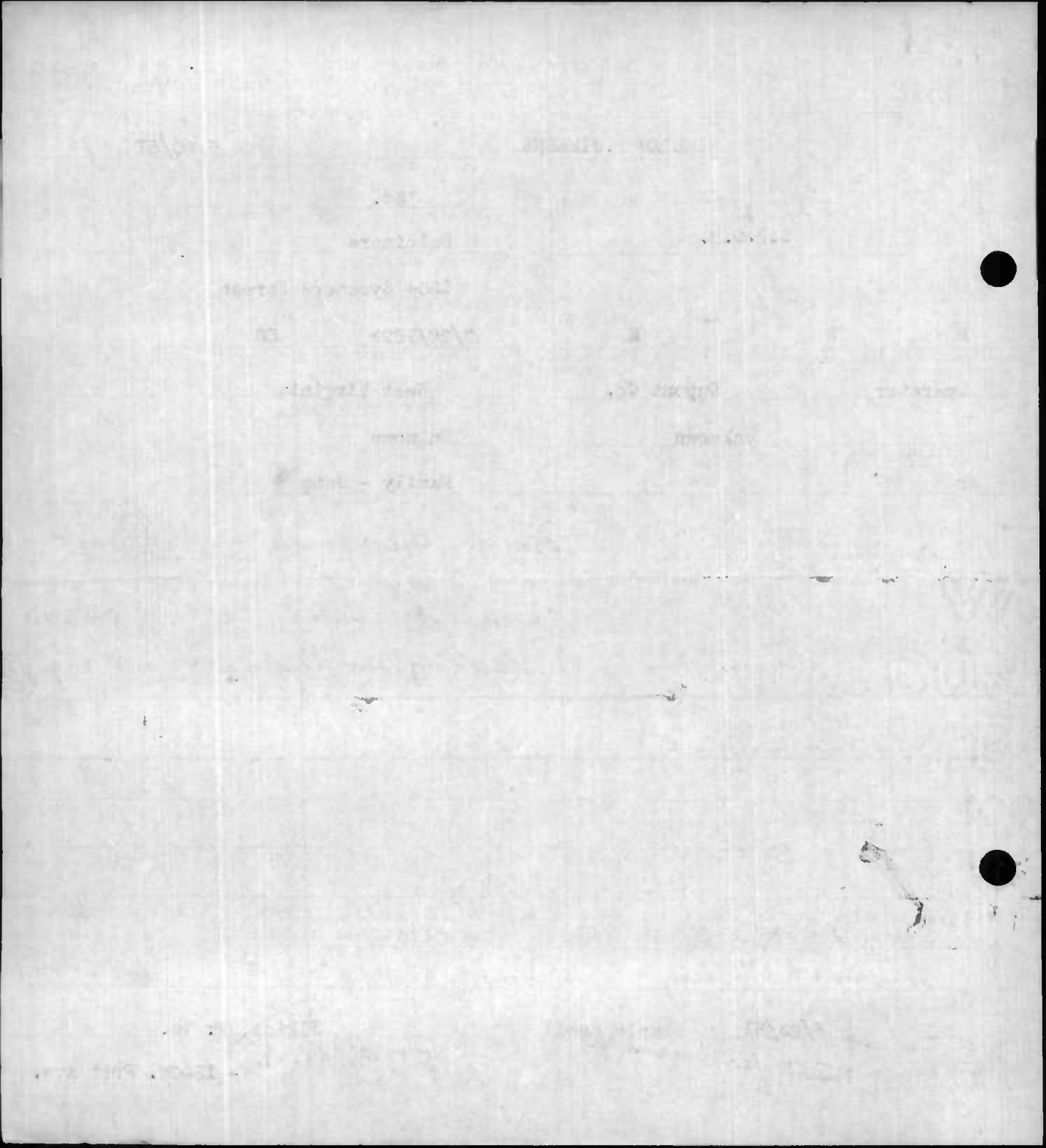
1. NAME OF DECEASED (Type or Print) WILLIAM E. SIMMONS			2. DATE OF DEATH 6/20/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) S.B.G.H.			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1504 Sycamore Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 8/29/1892	9. AGE (In years last birthday) 58	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10B. KIND OF BUSINESS OR INDUSTRY Dupont Co.	11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Family - Same		

<p>18. 4/20/51</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) Coronary thrombosis</p> <p>DUE TO</p> <p>(B) Chronic bronchitis</p> <p>DUE TO</p> <p>(C) Pulmonary emphysema</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>1 hr.</p> <p>8-10 yrs.</p> <p>8-10 yrs.</p>

19A. DATE OF OPERATION 6/23/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 30, 1951</u> , to <u>June 20, 1951</u> , that I last saw the deceased alive on <u>June 20, 1951</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Ledney R. Kehler</i>		23B. ADDRESS M. D. <u>4700 Pennington Ave.</u>		23C. DATE SIGNED <u>June 21, 1951</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) B	24B. DATE 6/23/51	24C. NAME OF CEMETERY OR CREMATORY Maple Wood	24D. LOCATION (City, town, or county) (State) Elkins, W. Va.		
DATE RECEIVED BY LOCAL REGISTRAR JUN 21 1951	REGISTRAR'S SIGNATURE <i>Thurston Williams</i>	25. FUNERAL DIRECTOR ADDRESS 130 E. Fort Ave.			

VS 150 6904R 94a

correct age is especially important. Informant's name must be printed.



1240
5513

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5513

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Antonio Rosello

2. DATE
OF
DEATH

6/17/51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St Agnes

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MD

B. COUNTY
BALTO

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

d. STREET ADDRESS (If rural, give location)

1165 Gilmore

length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept 9, 1870

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unknown

10b. KIND OF BUSINESS OR
INDUSTRY

Unknown

11. BIRTH PLACE (State or foreign country)

Baltimore MD

12. CITIZEN OF
WHAT COUNTRY?

MD

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. King, Dept of Public Health

ADDRESS

18. 157X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)
DUE TO

Veneralized Carcinoma toxi

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO

Mac Led Jaundice

(C)

(Probable primary site: head of pancreas

(over)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 6/14, 1951, to 6/17, 1951, that I last saw the
deceased alive on 6/17, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE

J. A. Ealey

M. D.

23b. ADDRESS

St Agnes Hosp 6/17/51

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

6/21/51

24c. NAME OF CEMETERY OR CREMATORY

London Park

24d. LOCATION (City, town, or county)

Baltimore MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

1217 S Paul St

ADDRESS

JUN 21 1951

VS 150

469

See Document File 51-5513

7/6/51

ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 5514

530
51 5514

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE H. SMITH		2. DATE OF DEATH 6-20-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MARYLAND GENERAL HOSP.		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) 24-04	
5. Length of stay in Baltimore 71 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1611 COVINGTON ST #20	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-14-80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. - BAKERY STALL		10B. KIND OF BUSINESS OR INDUSTRY HOLLINS MARKET	9. AGE (In years last birthday) 71
13. FATHER'S NAME OWNER JOHN M. SMITH		11. BIRTHPLACE (State or foreign country) BALTIMORE MARYLAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. NONE		14. MOTHER'S MAIDEN NAME ANGELIA RILEY	
17. INFORMANT LAURA SMITH		ADDRESS SAME	

18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) ARTERIOSCLEROTIC CARDIOVASCULAR RENAL DISEASE 2 YR. DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) 2 BUNDLE BRANCH BLOCK 1 YR. DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) UREMIA 2 BENIGN PROSTATIC HYPERTROPHY 1 YR	

19A. DATE OF OPERATION NONE	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 6-18 , 19 51 , to 6-20 , 19 51 , that I last saw the deceased alive on 6-20 , 19 51 , and that death occurred at 8:30 P m., from the causes and on the date stated above.		
23A. SIGNATURE Paul G. Harold	23B. ADDRESS Maryland General Hospital	23C. DATE SIGNED 6/20/51
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 6/23/51	24C. NAME OF CEMETERY LODGE PARK
24D. LOCATION (City, town, or county) BALT. MORE	(State) MARYLAND	
DATE RECEIVED BY LOCAL REGISTRAR JUN 21 1951	REGISTRAR'S SIGNATURE Wm. G. [Signature]	25. FUNERAL DIRECTOR Wm. G. [Signature]
ADDRESS 1212 ST. PAUL ST.		

VS 150

29047

131a

correct age is especially important. Physicians: please write the causes of death clearly and accurately.

1913

CERTIFICATE OF DEATH

Name of Deceased		Age		Sex		Race		Color		Religion		Marital Status		Occupation		Cause of Death		Place of Death		Date of Death		Time of Death		Signature of Physician		Signature of Registrar		Signature of Witness	

240

MD-117335515

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5515

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William G. Eisel

2. DATE
OF
DEATH June 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
B.C.H. 4940 Eastern Avenue

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Nov. 29, 1861

9. AGE (In years
last birthday)

89

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Eisel

14. MOTHER'S MAIDEN NAME

? ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Myocardial Infarction

3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease

years

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6/9/51

19B. MAJOR FINDINGS OF OPERATION

Senile Cataract

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 1948 to 6-18, 1951, that I last saw the
deceased alive on 6-18, 1951, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Eizen

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-22

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

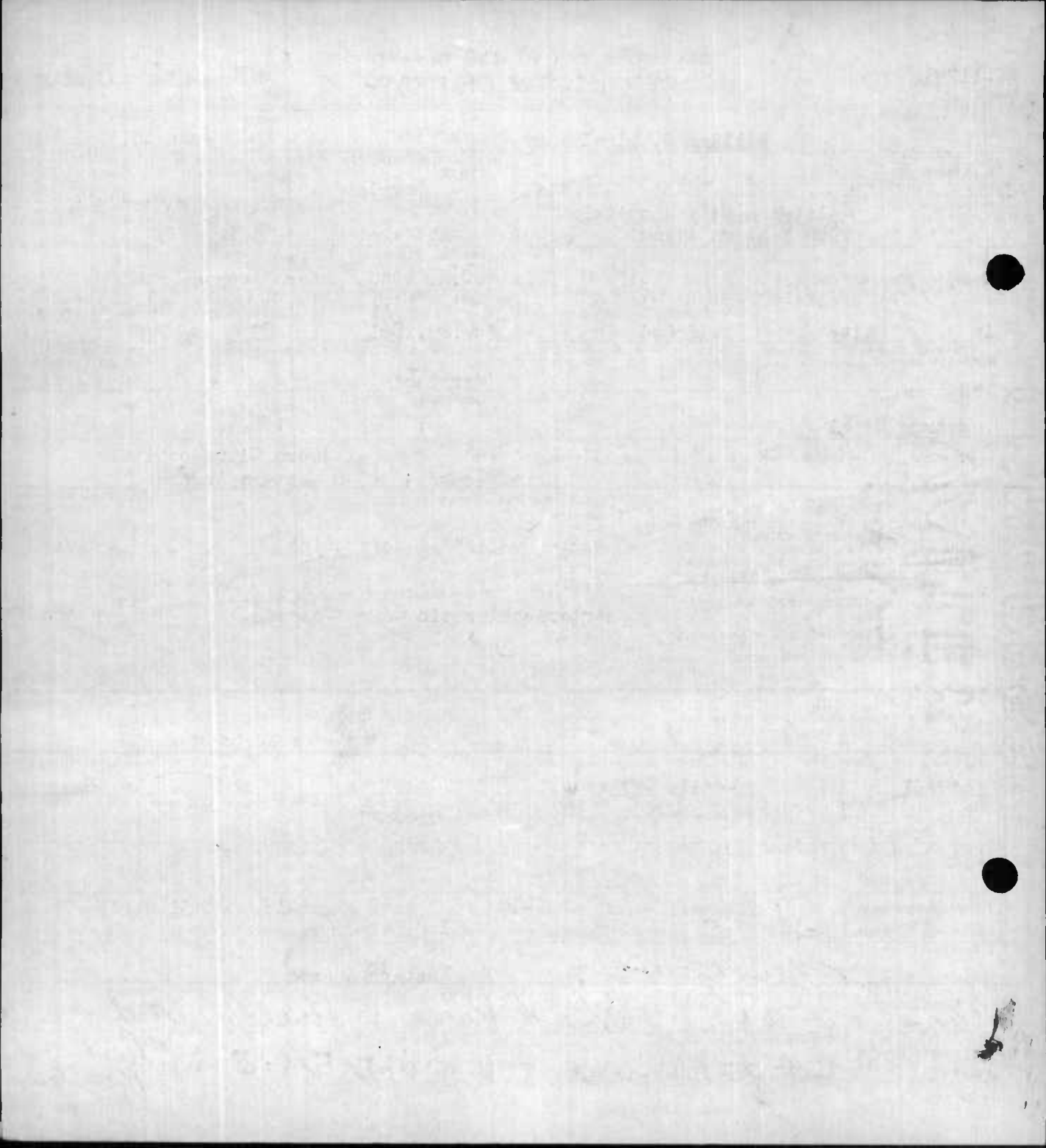
JUN 21 1951

REGISTRAR'S SIGNATURE

J. S. Eizen

25. FUNERAL DIRECTOR

Mr. Cook 5202 St Paul and
Preston



300
51 5516
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5516
Registered No.

1. NAME OF DECEASED (Type or Print) JOHN R. SCOTT			2. DATE OF DEATH 6-18-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION PROVIDENT			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 501 OGSTON ST		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11-12-68	9. AGE (In years last birthday) 83	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALTO. MD.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME JOHN H. SCOTT			14. MOTHER'S MAIDEN NAME SARAH ANN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT SON ADDRESS 736 DOLPHIN ST		

18. 4200 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ARTERIOSCLEROTIC HEARTDISEASE DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. GERALIZED ARTERIOSCH. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. UREMIA	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6-16, 1951**, to **6-18, 1951**, that I last saw the deceased alive on **6-18, 1951** and that death occurred at **10:45 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE J. H. Priney	23B. ADDRESS Provident Hosp	23C. DATE SIGNED 6-18-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-22-51	24C. NAME OF CEMETERY OR CREMATORY Arboretum New Baltimore Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 21 1951	REGISTRAR'S SIGNATURE William Williams	25. FUNERAL DIRECTOR Metcalfe & Hensley ADDRESS 578 W. Diddle St

100

PLEASE PRINT

NAME



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5517
Registered No.

652. Grott
8100 Harford Rd
51 5517

1. NAME OF DECEASED (Type or Print) Joseph F. Krhounek			2. DATE OF DEATH June 19, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pineledge Nursing Home 4703 Hampnett Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			E. STREET ADDRESS (If rural, give location) 7911 Elmhurst Avenue 5300		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 17, 1872	9. AGE (In years last birthday) 78	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Black Smith	11. BIRTHPLACE (State or foreign country) Austris		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Lillian Nies, 7911 Elmhurst		

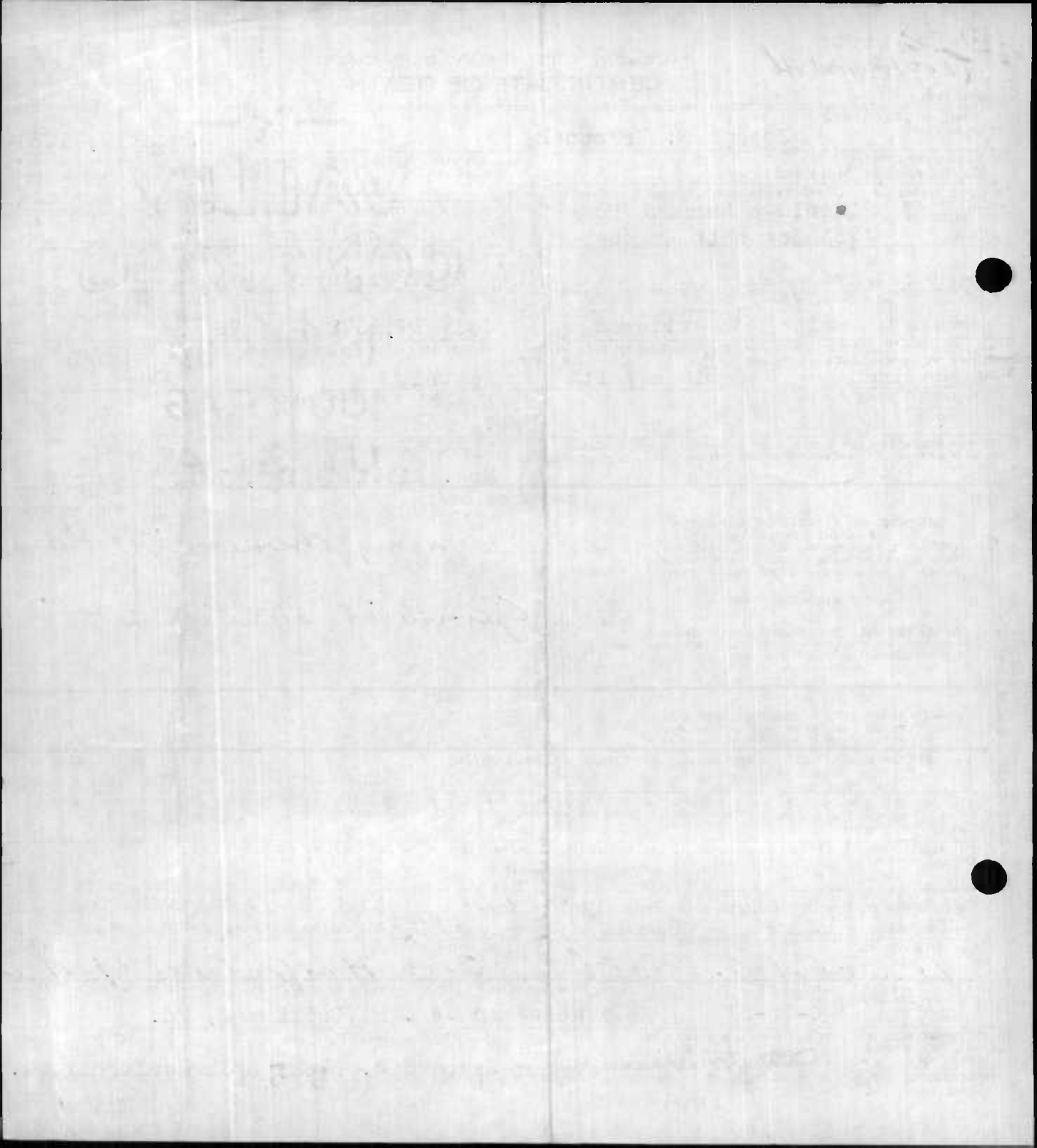
CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis 8 days	(A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriosclerosis	(B) DUE TO	
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

MEDICAL CERTIFICATION

19A. DATE OF OPERATION 6/20/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 6/11 , 19 51 , to 6/19 , 19 51 , that I last saw the deceased alive on 6/18 , 19 51 , and that death occurred at 1:10 m., from the causes and on the date stated above.				
23A. SIGNATURE Harold G. Grott M. O.	23B. ADDRESS 8100 Harford Rd	23C. DATE SIGNED 6/20/51		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-22-51	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	

DATE RECEIVED BY LOCAL REGISTRAR JUN 21 1951	REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Leonard J. Rock 5305 Harford Road.
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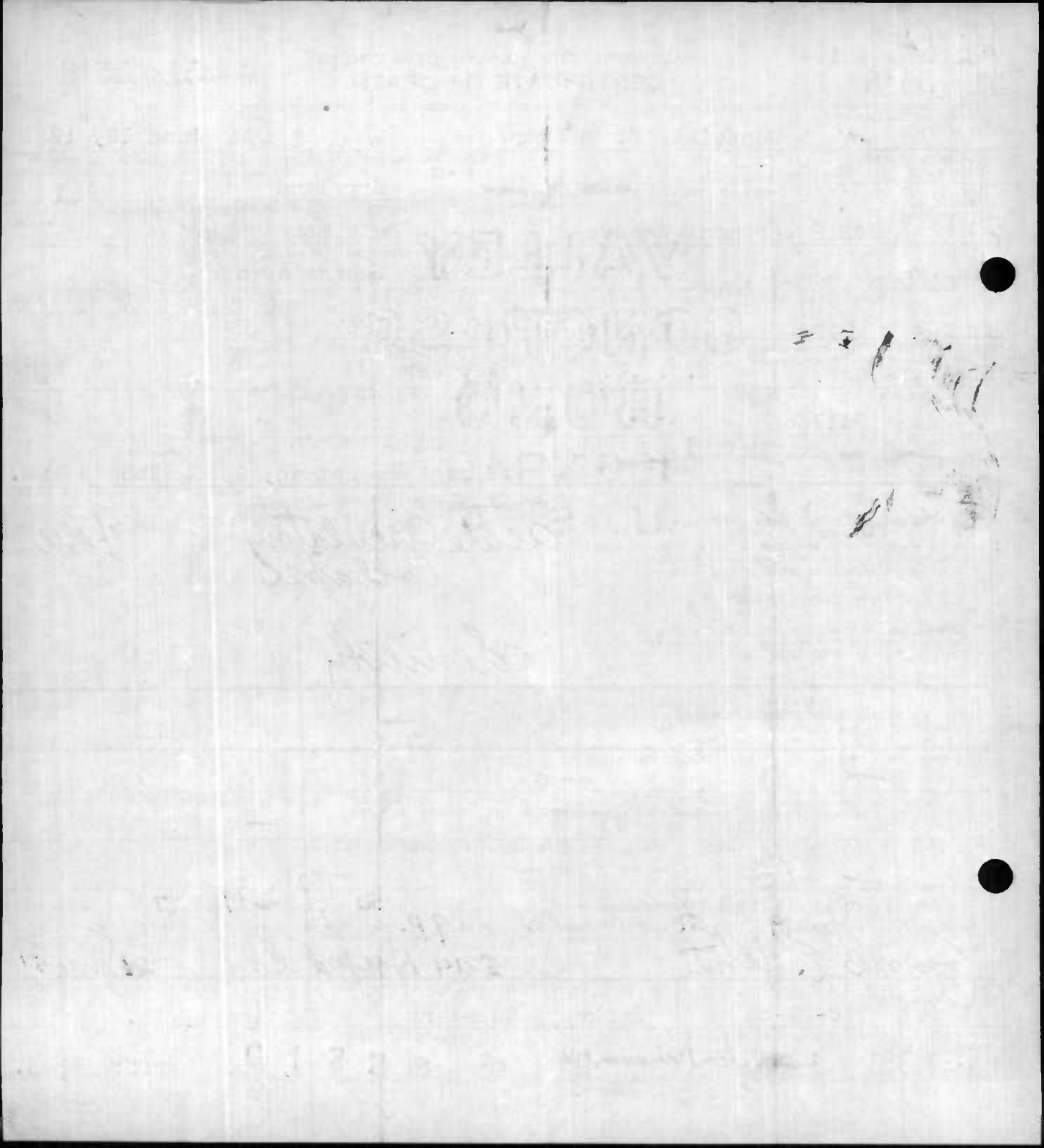


Dr. White
-42-0
Baltimore & White
51 5518
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5518

1. NAME OF DECEASED (Type or Print) Genevieve C. Wallace		2. DATE OF DEATH June 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 60 4212 Parkmont Avenue Yrs. Mos. Days length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27 06 D. STREET ADDRESS (If rural, give location) 2500 Gibbons Avenue	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb. 1867
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer,		10B. KIND OF BUSINESS OR INDUSTRY U.S.F.G.	9. AGE (In years last birthday) 84 11. BIRTHPLACE (State or foreign country) New Jersey
13. FATHER'S NAME James Wallace		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Mary ?		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Miss Alma Erdman, 2500 Gibbons Ave.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 1B. 782.9 CAUSE OF DEATH acute circulatory collapse DUE TO INTERVAL BETWEEN ONSET AND DEATH 4 hrs.		19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Senility (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 1950 to June 19, 1951 that I last saw the deceased alive on June 19, 1951 and that death occurred at 9 P. m., from the causes and on the date stated above.	
23A. SIGNATURE James E. White		23B. ADDRESS 5314 Harford Rd	
23C. DATE SIGNED 20 June 51		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 6-22-51		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR Geonard S. Back, 5305 Harford Road.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 21 1951		REGISTRAR'S SIGNATURE L. W. Williams, Jr.	



652
51 5519BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5519
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ADAM ZUROMSKI		2. DATE OF DEATH June 20, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write full name of township) Baltimore	
Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1634 Thames Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Unknown
9. AGE (in years last birthday) 55		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Food Packing	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Anthony Zuromski		14. MOTHER'S MAIDEN NAME Stanislawa Marski	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. WW I	
17. INFORMANT Mr. Leon Zuromski		ADDRESS 3227 Elliott Street	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

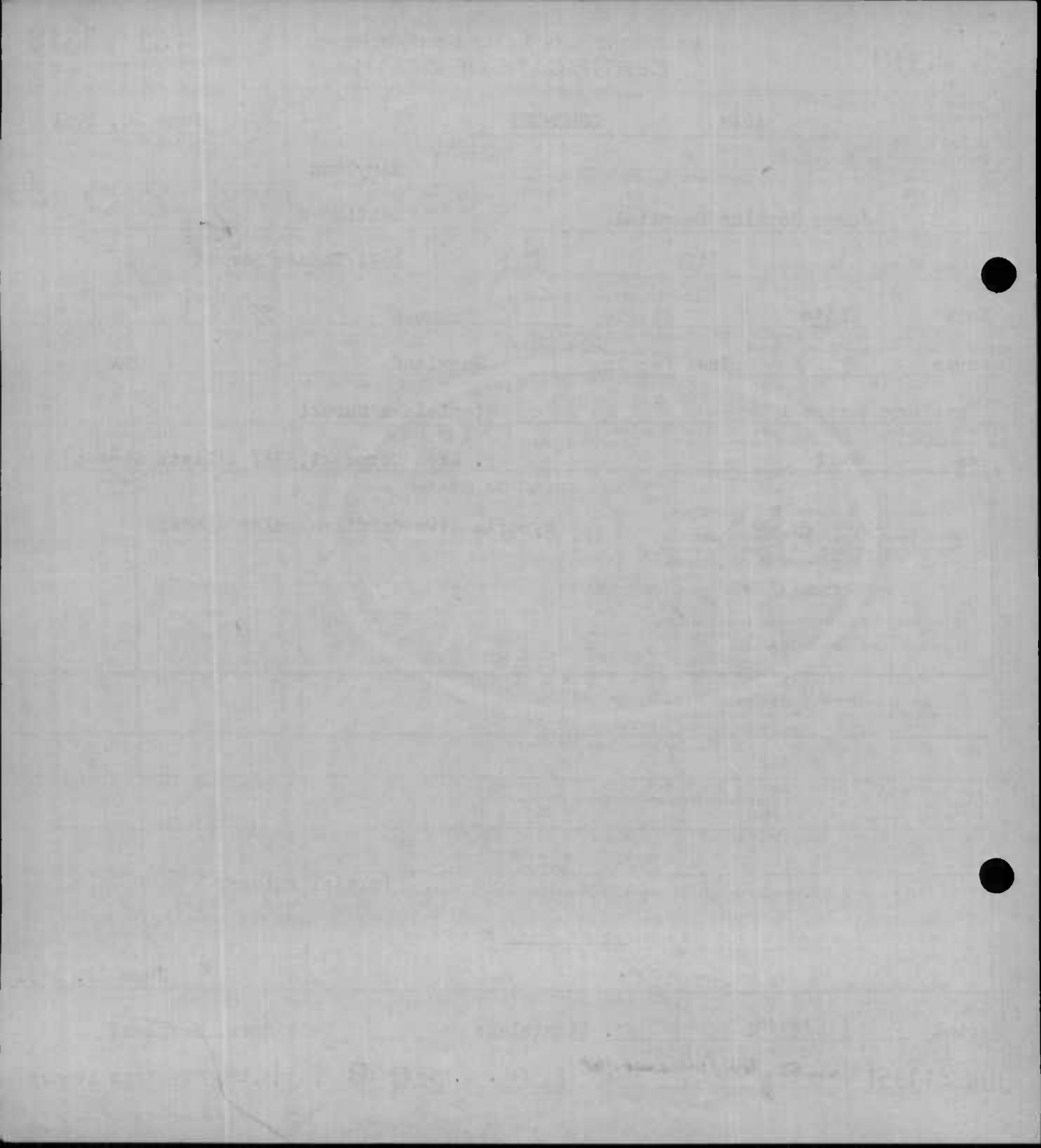
23A. SIGNATURE
William V. Lovitt
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED
June 21, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/23/51	24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR JUN 21 1951		REGISTRAR'S SIGNATURE <i>William V. Lovitt</i> 25. FUNERAL DIRECTOR OK. F. Sadwinski & Sons, 1808 Eastern Avenue	

V S 151

97042

Charles D. Sadwinski 93



436
51 5520BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5520

Registered No. 51/5520

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Herman Robert Wolters			2. DATE OF DEATH 6/21/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland 5208 Beaufort Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 27-18		
Length of stay in Baltimore 28 yrs.			D. STREET ADDRESS (If rural, give location) 5208 Beaufort Ave.		
5. SEX M.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 21, 1889	9. AGE (In years last birthday) 62	If Under 1 Year Months Days 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motorman Balto. Transit Co.			11. BIRTHPLACE (State or foreign country) Minnesota		
13. FATHER'S NAME Herman Wolters			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes			16. SOCIAL SECURITY NO. 213/10/1558		
17. INFORMANT Agnes Wolters			ADDRESS 5208 Beaufort Ave.		

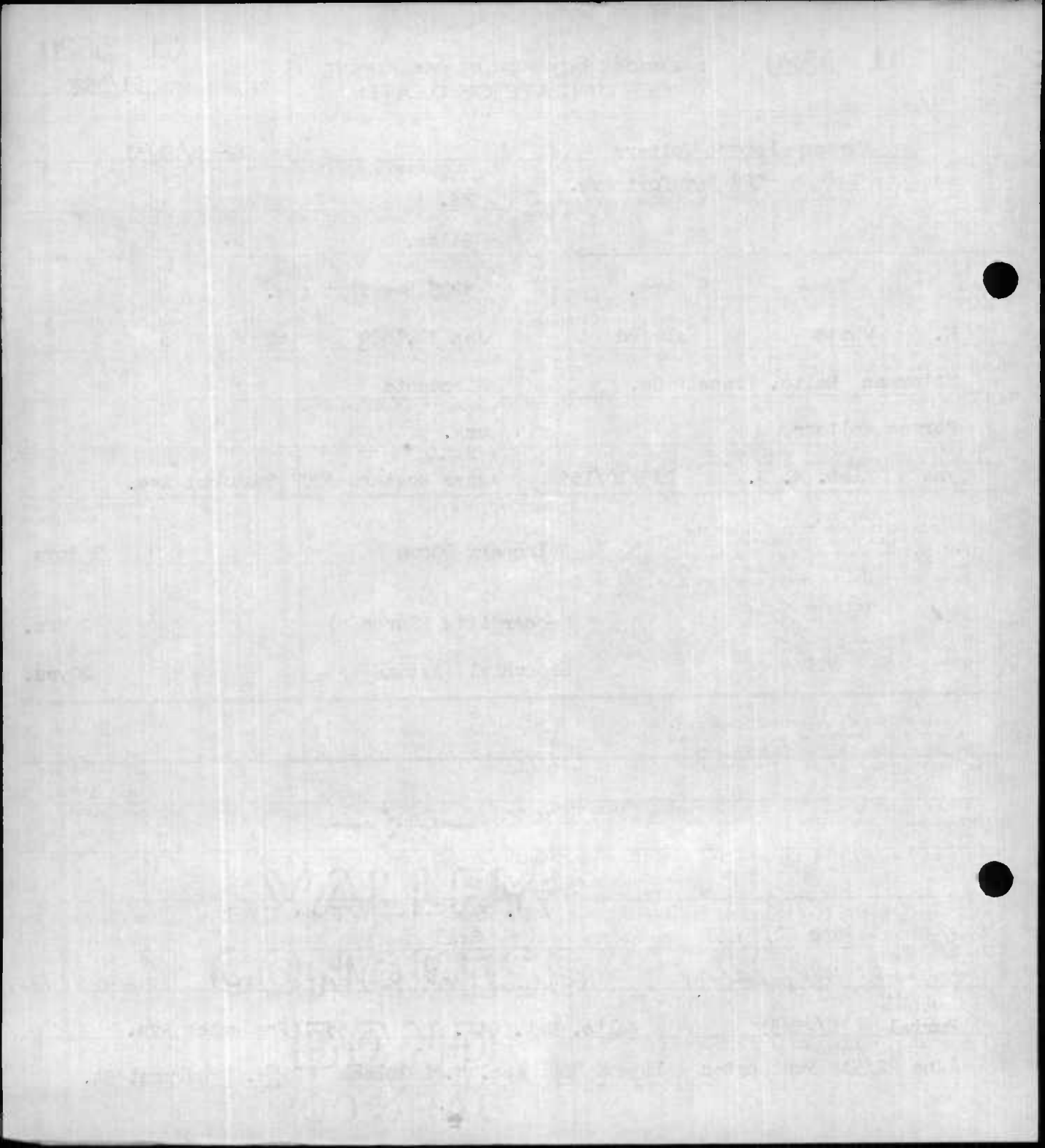
18. 241X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Odema DUE TO Myocarditis (Chronic) DUE TO Bronchial Asthma	INTERVAL BETWEEN ONSET AND DEATH 3 days 2 yrs. 20yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr. 2/51**, 19__, to **June 21/51**, 19__, that I last saw the deceased alive on **June 20/**, 1951, and that death occurred at **8:45** m., from the causes and on the date stated above.

23A. SIGNATURE **Joseph A. Sandler** M. D. 23B. ADDRESS **2348 Eutaw Place** 23C. DATE SIGNED **June 21, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/25/51	24C. NAME OF CEMETERY OR CREMATORY Balto. Nat. Cem.	24D. LOCATION (City, town, or county) (State) 5501 Frederick Ave.
DATE RECEIVED BY LOCAL REGISTRAR June 22/51	REGISTRAR'S SIGNATURE Huntington Williams MD	25. FUNERAL DIRECTOR Geo. H. Leimbach	ADDRESS 525 N. Lyndhurst St.



660 51 5521

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5521
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Laura Ellen Pryor

2. DATE
OF
DEATH6/19/51 6⁴⁰

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1315 W. Pratt St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. 19-03

D. STREET ADDRESS (If rural, give location)

1315 W. Pratt St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

About 1873

9. AGE (In years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Gertrude Cassady 1312 W. Pratt St

18. 421.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Mitral stenosis insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Bronchopneumonia

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

22. I hereby certify that I attended the deceased from July 11, 1946 to June 19, 1951, that I last saw the deceased alive on June 16, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Milton Sessinich

M. D.

23B. ADDRESS

1424 W. Fayette St

23C. DATE SIGNED

6/21/51

24A. BURIAL, CREMA- TION, REMOVAL (Specify)

Burial

24B. DATE

6/22/51

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 22 1951

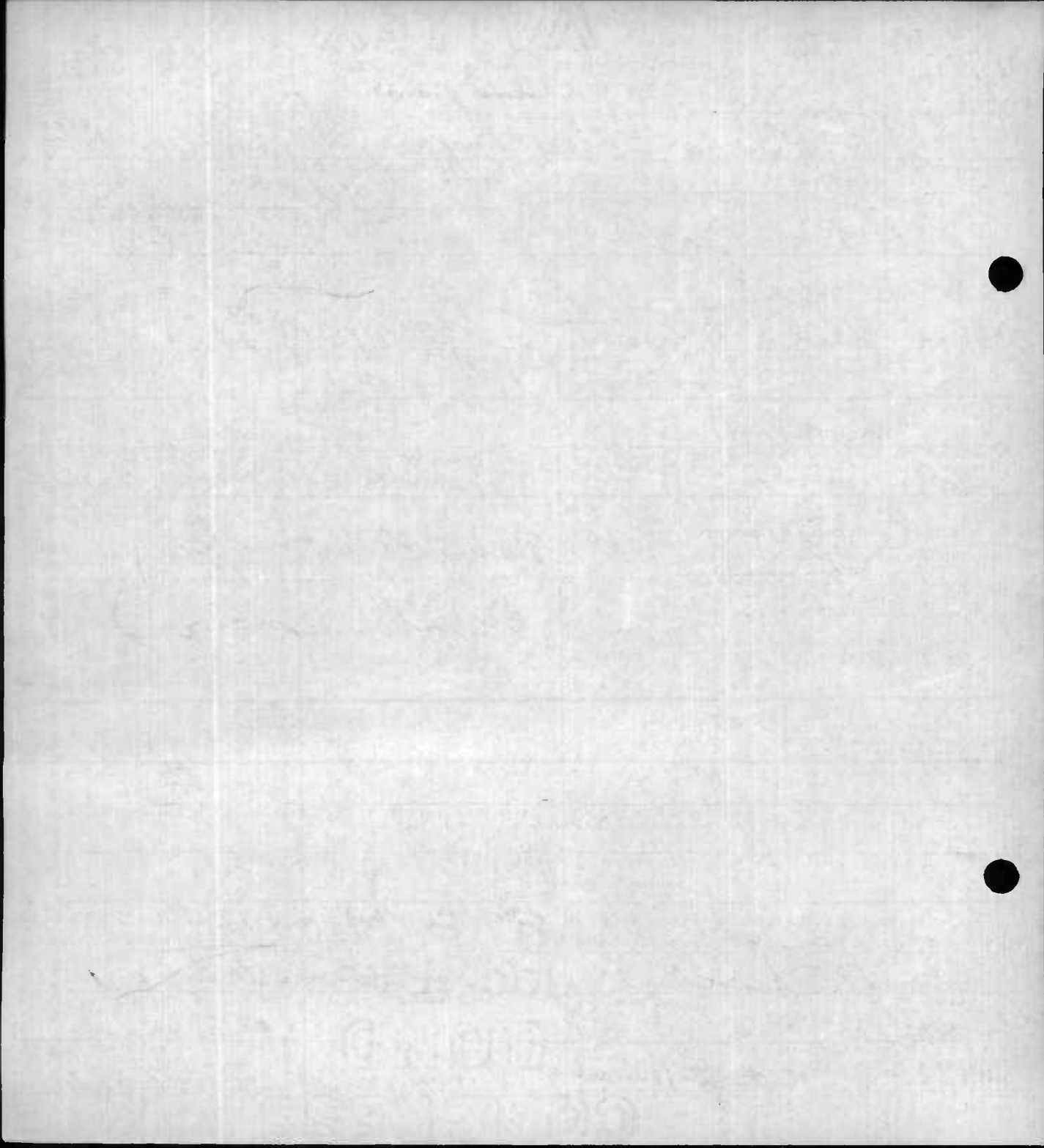
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Cook Inc 1217 St. Bal St

ADDRESS



632 51 5522

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5522
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anastasia Meyerowitz

2. DATE
OF
DEATH

June 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

40 Edgewater Apartments

5300

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

5/16/97

9. AGE (in years
last birthday)

54 yrs.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Abraham Abinovitch

14. MOTHER'S MAIDEN NAME

Leah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Paul Meyerowitz - Same

18. 2924

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Aplastic Anemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Superimposed Pneumonia

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 6/5/51, 19, to 6/21/51, 19, that I last saw the
deceased alive on June 21, 1951 and that death occurred at 8:57 P. M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

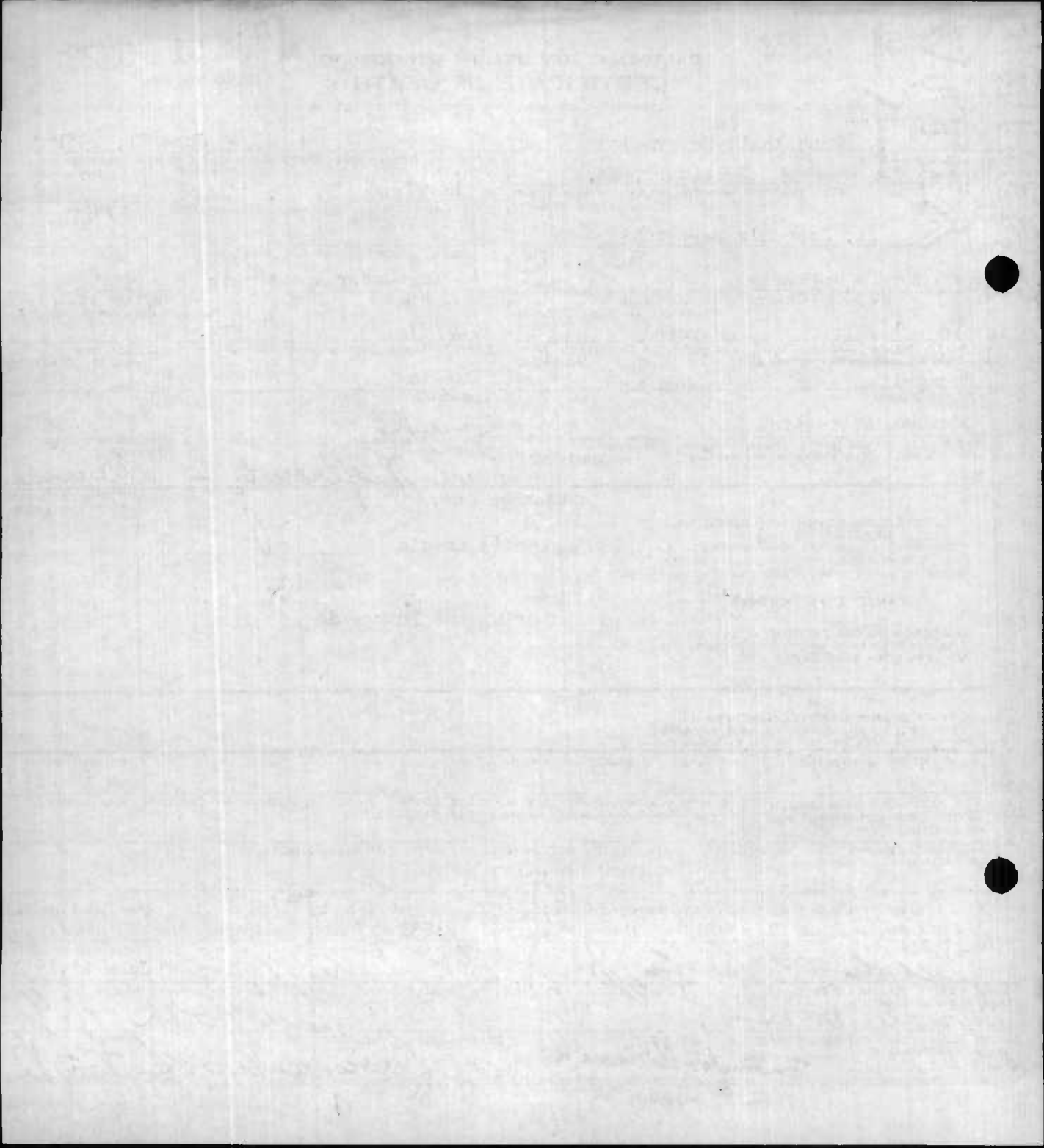
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 22 1951



51 5523

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5523

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM H. DORMAN.

2. DATE
OF
DEATH

6/21/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1506 Millrace Rd.

Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

13-08

D. STREET ADDRESS (If rural, give location)

1506 Millrace Rd.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 23, 1887

9. AGE (In years last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

Gen.

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

214-14-1860

17. INFORMANT

ADDRESS

Lucy H. Dorman 1506 Millrace Rd.

18.

167x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

DUE TO

(A) Bronchogenic Carcinoma

3 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4, 1951, to June 21, 1951, that I last saw the deceased alive on June 21, 1951, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. Dorman

23B. ADDRESS

M. D.

846 W. 36 St.

23C. DATE SIGNED

6-21-51

24A. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

24B. DATE

6/23/51

24C. NAME OF CEMETERY OR CREMATORY

St Mary.

24D. LOCATION (City, town, or county)

Hampden

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. Dorman

25. FUNERAL DIRECTOR

ADDRESS

Paul C. Charnow 3615-17 Chestnut Ave.

JUN 22 1951

VS 150

97099

47c

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the cause of death clearly and

WILLIAM H. LORAN

400
51 5524BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5524
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Wm H. Royle</i>		2. DATE OF DEATH <i>6/19/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>5019 Chalgrave Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balt. 27-17</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>5019 Chalgrave Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE-MARRIED, WIDOWED-DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1/25/1869</i>
9. AGE (In years last birthday) <i>82</i>		10. BIRTHPLACE (State or foreign country) <i>Pa.</i>	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Teamman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>B.O.R.R.</i>	
13. FATHER'S NAME <i>John Royle</i>		14. MOTHER'S MAIDEN NAME <i>Mary T. Smith</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Louise H. Royle</i>		ADDRESS <i>5019 Chalgrave Ave.</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Coronary occlusion</i> DUE TO (B) <i>Congestive Heart Failure</i> (C) <i>Arterio Sclerosis</i> <i>Coronary Disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i> <i>2 days</i> <i>Unknown</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 20, 1951*, to *June 19, 1951*, that I last saw the deceased alive on *June 19, 1951*, and that death occurred at *7:45 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE
Philibert Artigiani M.D.

23B. ADDRESS
2942 E. Fayette St.

23C. DATE SIGNED
6/22/51

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
6/22/51

24C. NAME OF CEMETERY OR CREMATORY
Cherry Hill

24D. LOCATION (City, town, or county) (State)
Essex Md.

DATE RECEIVED BY LOCAL REGISTRAR
JUN 22 1951

REGISTER'S SIGNATURE
Wm. C. ...

25. FUNERAL DIRECTOR
Wm. C. ...

ADDRESS
1217 St. Paul St.

1940

1940

1940

1940

1940

1940

1940

1940

1940

1940

1940

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5525
Registered No. 51-5525

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAY BEATRICE WALSH

2. DATE

OF
DEATH June 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1628 Freedomway North

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore, Cockeysville

D. STREET ADDRESS (If rural, give location)

Falls Road

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

B. DATE OF BIRTH

Dec. 1, 1893

9. AGE (in years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Trained Nurse

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lynchburg, Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Patten

14. MOTHER'S MAIDEN NAME

May Beatrice Patten

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

daughter-1628 Freedom Way North

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma - Lt. ovary & metastases

6 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Jan. 8, 1951

19B. MAJOR FINDINGS OF OPERATION

Carcinoma left ovary & metastases

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Walter T. Rees

M. D.

23B. ADDRESS

Cockeysville, Md.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6-25-51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

6-22-51

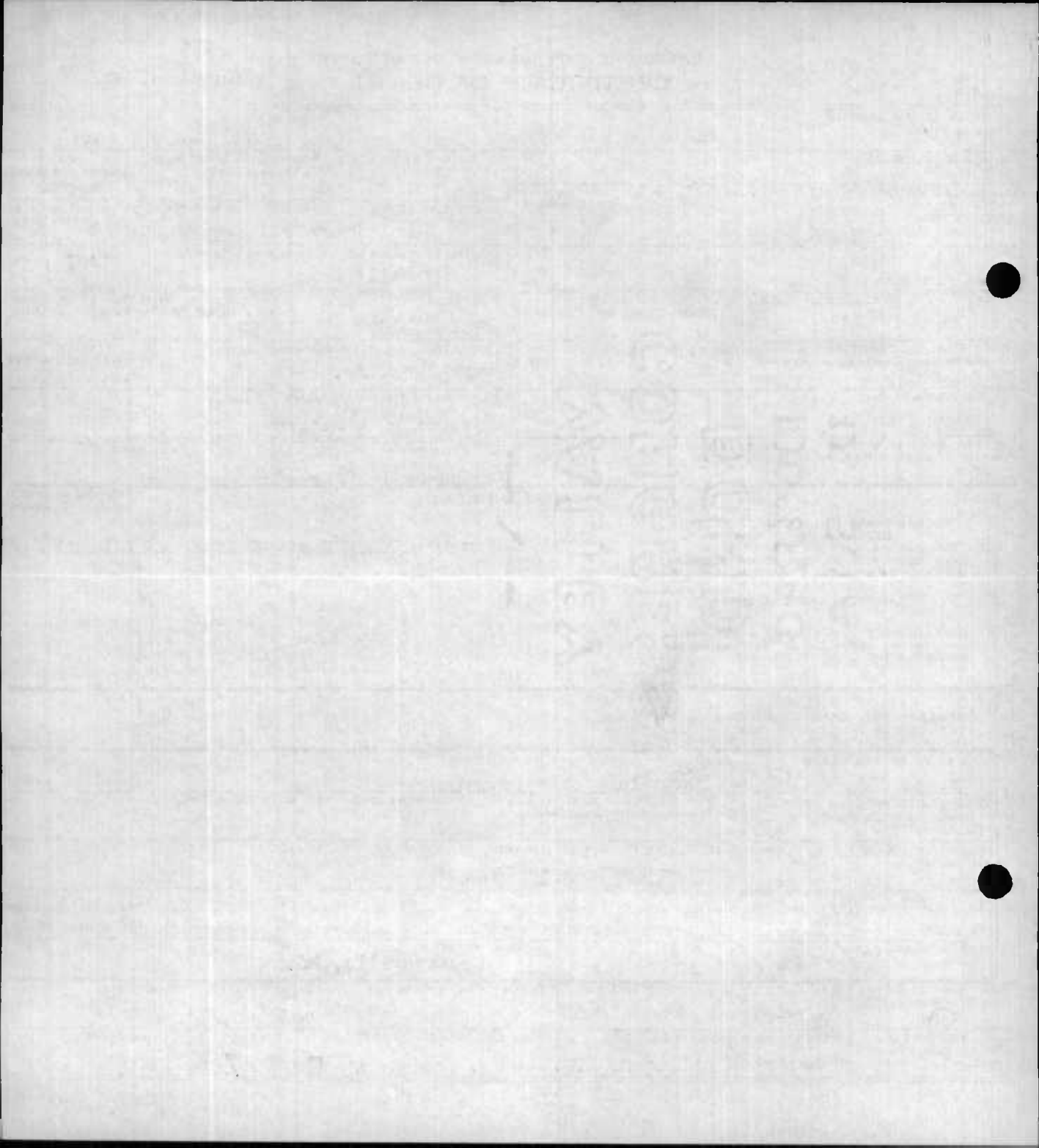
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 9211 St. Paul St.



416
51 5526BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5526

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Emma Oliver</i>			2. DATE OF DEATH <i>6.20.51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>2-07</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Wm. Hoop</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
length of stay in Baltimore <i>20 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>1518 E. Preston St.</i>		
5. SEX <i>7</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH <i>3/20/1903</i>	9. AGE (In years last birthday) <i>48</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cook</i>			11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>Domestic</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Peter King</i>			14. MOTHER'S MAIDEN NAME <i>Lucy Ward</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>No</i>		
17. INFORMANT <i>Hodges Oliver (H)</i>			ADDRESS <i>1518 E. Preston S</i>		

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>hemia</i> <i>Hypertensive Cardiovascular disease + arteriosclerosis</i> <i>with renal arteriosclerosis</i> (B) (C) INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-11*, 19*51*, to *6-20*, 19*51*; that I last saw the deceased alive on *6-20*, 19*51*, and that death occurred at *4:30 AM* from the causes and on the date stated above.

23A. SIGNATURE <i>Arthur J. Hoop</i>	23B. ADDRESS <i>Wm. Hoop</i>	23C. DATE SIGNED <i>6.20.51</i>
---	---------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6/23/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>A.A. County, Md.</i>
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 22 1951</i>	REGISTRAR'S SIGNATURE <i>Thurston Williams</i>	25. FUNERAL DIRECTOR <i>Chas. G. Cooper</i>	ADDRESS <i>512 Carrollton Av</i>
--	---	--	-------------------------------------

17.00

Green

and
Dental

12.00

12.00

Virginia
Green

12.00
12.00
12.00

12.00

Green

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret Costello

2. DATE
OF
DEATH

June 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1011 Light St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE MD 24-03

D. STREET ADDRESS (If rural, give location)

1011 LIGHT ST

Length of stay in Baltimore

LIFE TIME

SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

DEC ?

9. AGE (In years last birthday)

72

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOHN F COSTELLO

14. MOTHER'S MAIDEN NAME

MARGARET HANNAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS JOAN F ETTE 1011 LIGHT ST

18. 4/20/1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, Jr. M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 21, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL JUNE 25-51 NEW CATHEDRAL BALTO MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V S 151

94a ✓

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Name of Deceased		Date of Birth		Sex	
Age		Date of Death		Place of Death	
Cause of Death		Occupation		Manner of Death	
Signature of Physician		Signature of Registrar		Signature of Coroner	
Date of Certificate		Date of Registration		Date of Filing	

51 5528

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5528

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM C. BRIGSTOCKE

2. DATE
OF
DEATH

June 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3336 Gwynns Falls Pkwy.

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

White

Male

married

Mar. 5, 1913

38

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

Lumber

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Mortimer K. Brigstocke

14. MOTHER'S MAIDEN NAME

Marie Dunbar

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

215-09-5672

17. INFORMANT

ADDRESS

Mr. J. K. Brigstocke - 13 South St.

18. *E8165*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Multiple lacerations, abrasions and
contusions

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Crushing injury of chest

DUE TO

(C)

!!
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Highway

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Wynans Avenue and Washington Blvd.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

6-20-51 11:35 a.m.

21E. INJURY OCCURRED

WHILE AT ☒ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Auto struck by bus

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
6-20-5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/23/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 22 1951

Wm. J. Tishner & Sons

VS 151

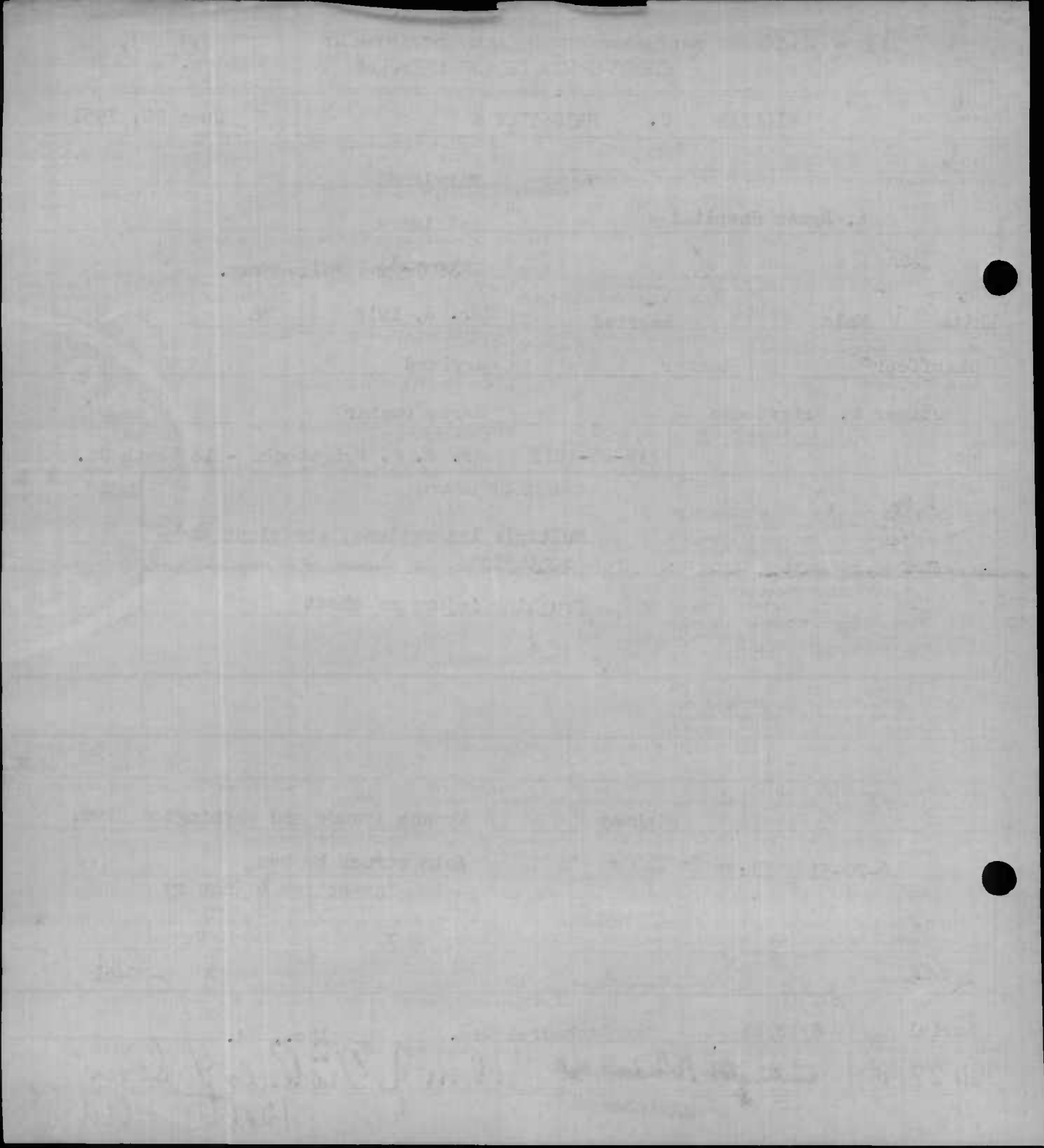
N-8622

6836P

170c Balto Md.

MEDICAL CERTIFICATION

COLLECTED BY



62551 5529

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5529
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NANNIE M. CORRIGAN

2. DATE
OF
DEATH

June 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2803 Garrison Blvd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1303 Bolton St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Oct. 8, 1871

9. AGE (in years
last birthday)

79

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School Teacher (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Corrigan

14. MOTHER'S MAIDEN NAME

Francis Cain

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Frances Corrigan - 1303 Bolton St.

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis (Cerebral)

1 year

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

ti

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from May 10th, 1951, to June 20th, 1951, that I last saw the
deceased alive on June 20th, 1951, and that death occurred at 6 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial,

6/23/51

St. Ignatius Cem.

Harford Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 22 1951

VS 150

5529

Baths, Md.

SECRET
EXCLUDED
CONFIDENTIAL
EXCLUDED
SECRET

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mrs. Anna Marie Meyls

2. DATE
OF
DEATH

June 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4401 Newport Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-15

D. STREET ADDRESS (If rural, give location)

4401 Newport Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 14, 1906

9. AGE (In years last birthday)

45

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waitress

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Bellaire, Ohio

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

Henry D. Kleist

14. MOTHER'S MAIDEN NAME

Goldie I. Burge

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Eugene E. Meyls

ADDRESS

4401 Newport Avenue

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of Cervix

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-1**, 1951, to **6-20**, 1951, that I last saw the deceased alive on **6-20**, 1951, and that death occurred at **3:30 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

June 25, 1951

Druid Ridge

Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

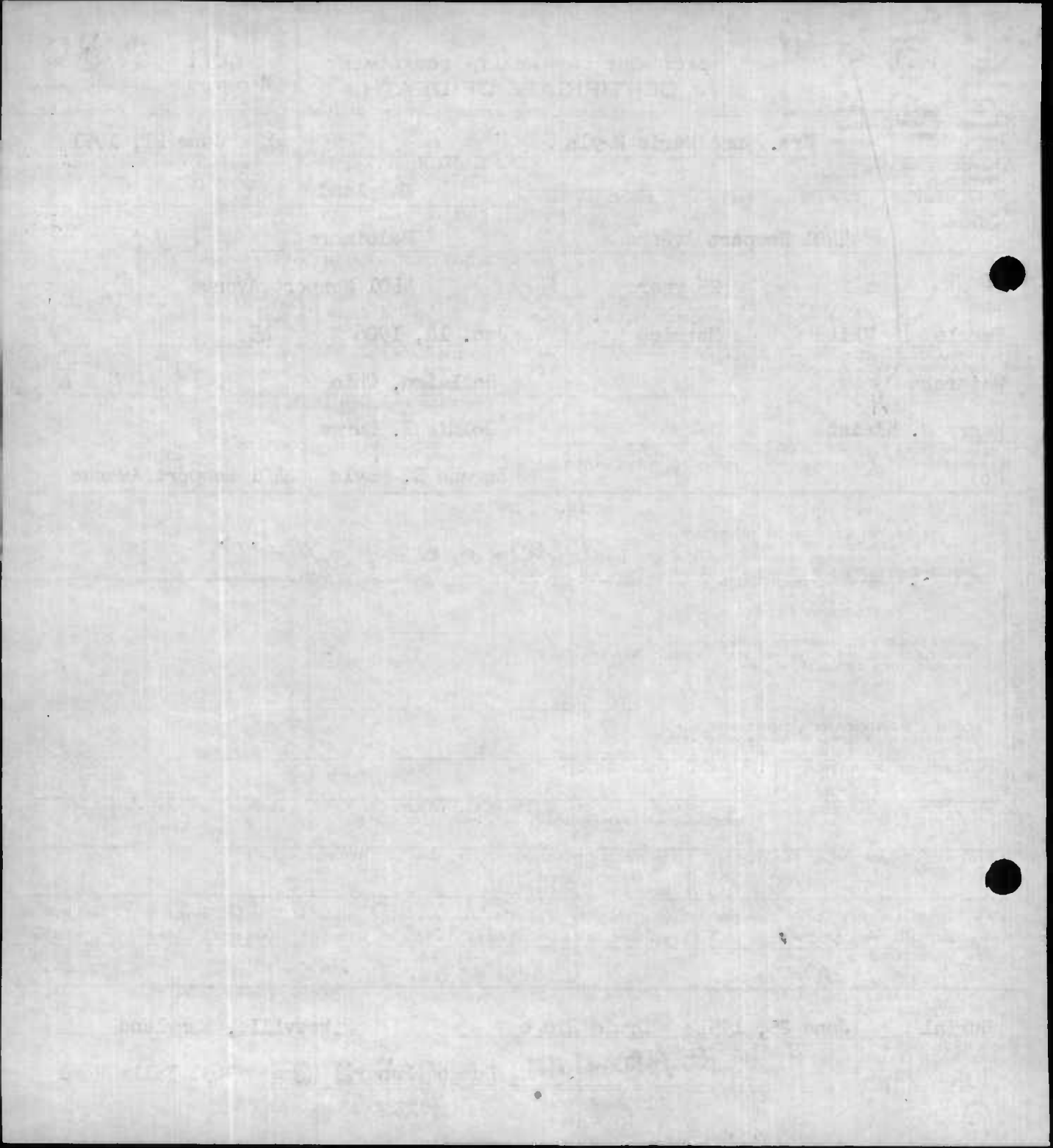
JUN 22 1951

Eugene E. Meyls

Burge Funeral Home

3631 Falls Road

MEDICAL CERTIFICATION



520
51 5531BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5531
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		IDA JOAN JONES		2. DATE OF DEATH June 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital				A. STATE Maryland	
Length of stay in Baltimore				B. COUNTY Wicomico	
SEX Female				C. CITY OR TOWN Salisbury	
6. COLOR OR RACE White				D. STREET ADDRESS (If rural, give location) 82 Hill Street	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single				8. DATE OF BIRTH Feb. 9, 1931	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				9. AGE (in years last birthday) 20	
10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Edwin Jones				12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				14. MOTHER'S MAIDEN NAME Estella Greaver	
16. SOCIAL SECURITY NO.				17. INFORMANT ADDRESS Holloway Co. Salisbury, Md.	

18. E971.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Bichloride of Mercury Poisoning		DUE TO		13 days	
1. ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.					

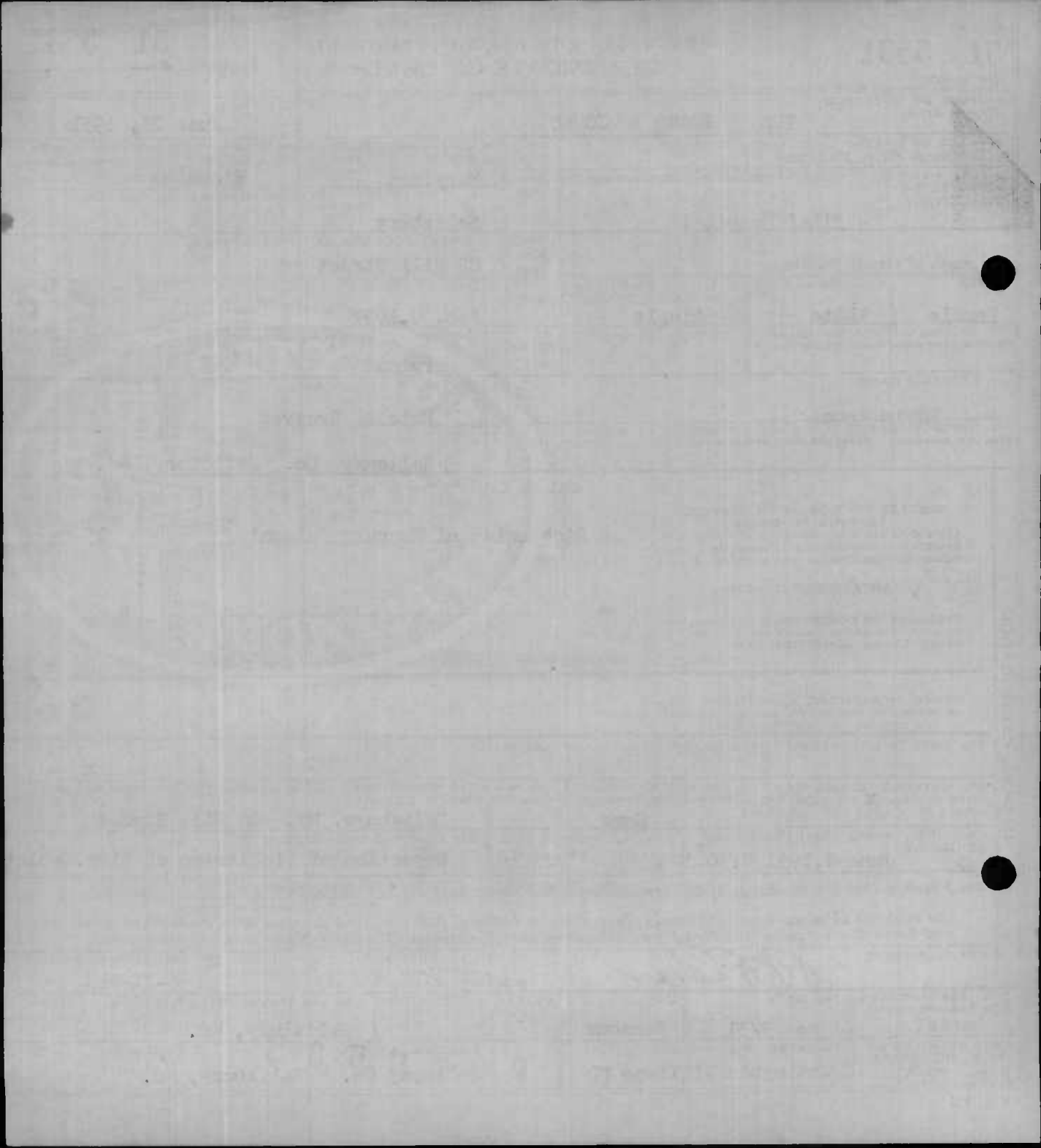
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? Salisbury, Md. 82 Hill Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 8, 1951 8:30 P. M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Ingestion of Bichloride of 11gm. tablet	

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 6-21-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 23/51		24C. NAME OF CEMETERY OR CREMATORY Parsons	
DATE RECEIVED BY LOCAL REGISTRAR June 22/51		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Holloway Co. Salisbury, Md.	
				24D. LOCATION (City, town, or county) (State) Salisbury, Md.	

N-965.9

1637



420
51 5532BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5532

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES E. WALLACE		2. DATE OF DEATH June 19, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, give rural, and give township) Baltimore	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1218 St. Matthew Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 16, 1937
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		9. AGE (In years last birthday) 13	
10B. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME William H. Wallace		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Emma Sullivan		ADDRESS 1213 St Mathew St	

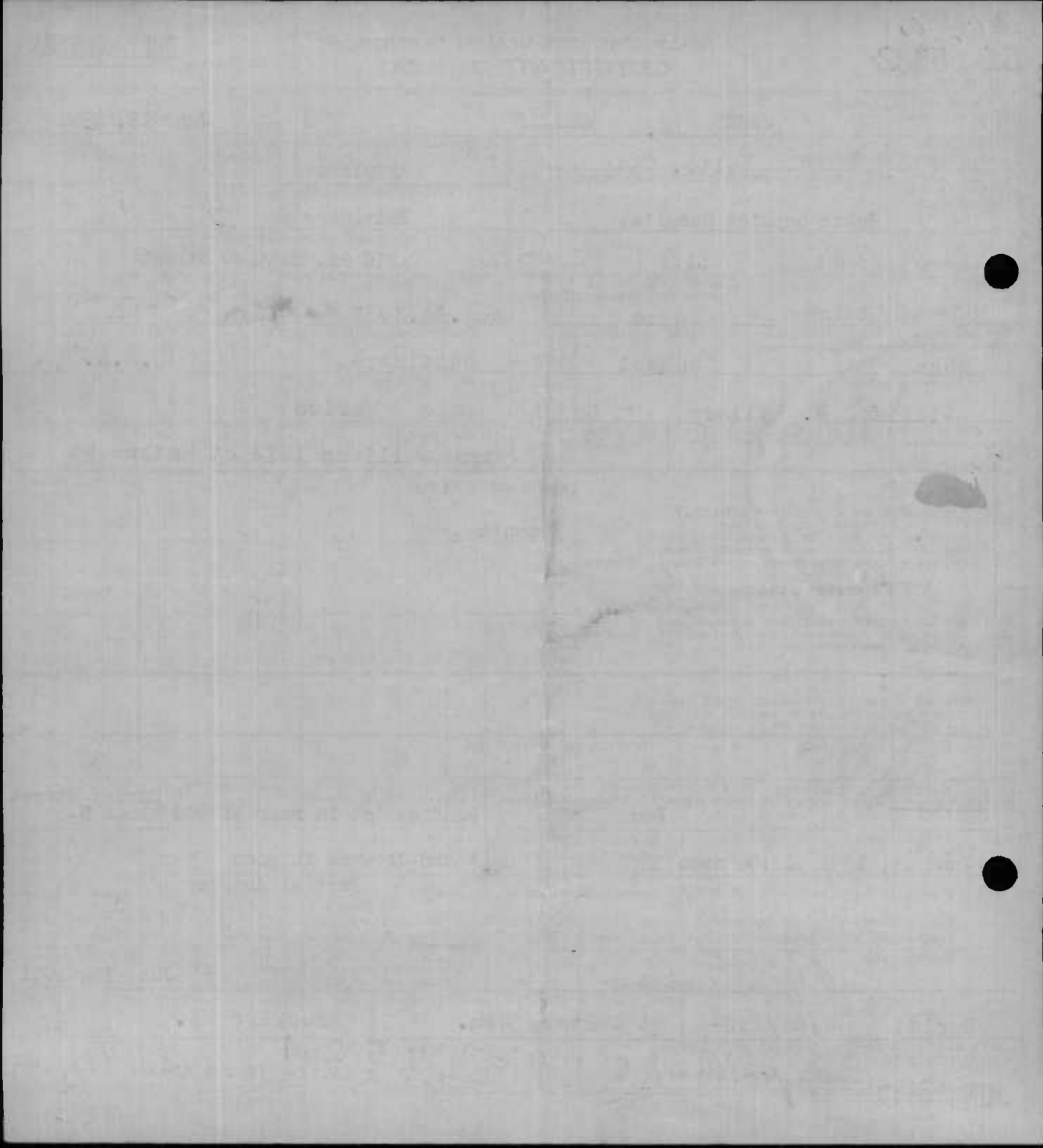
18. E929.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Drowning (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Pond	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Curley Street Pond on lot in rear of 800 block N.
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 19, 1951 12:00 noon	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Found drowned in pond
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .		
23A. SIGNATURE R. S. Fisher	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED June 19, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/25/1951	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 22 1951	REGISTRAR'S SIGNATURE William H. Wallace	25. FUNERAL DIRECTOR Elmer S. Wilson	ADDRESS 1000 Grantly way

N-990X

183



422
BLM-149274
51-5533
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

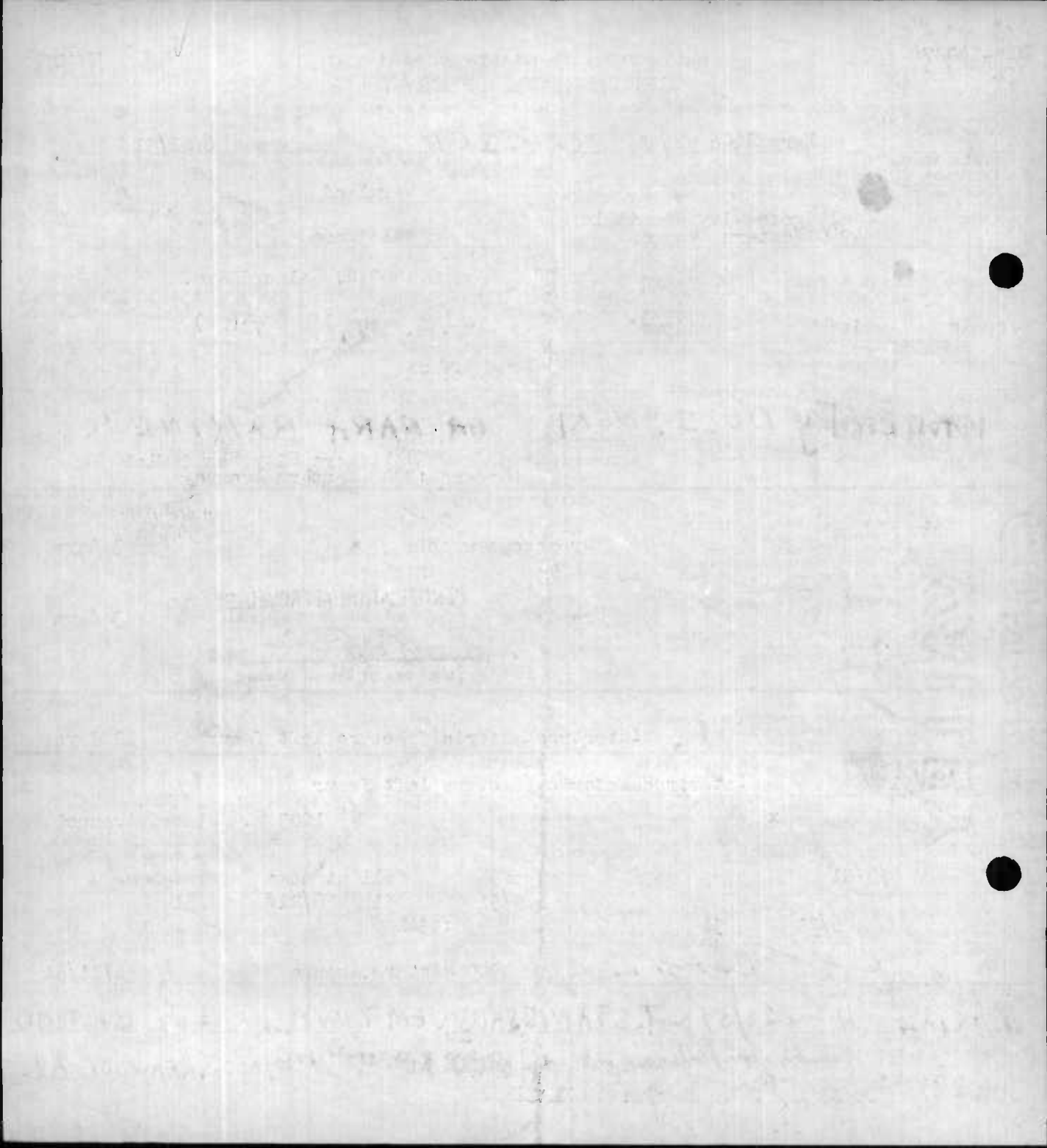
Registered No. 51 5533

1. NAME OF DECEASED (Type or Print) Mary Blaczyk / or SEIGESSEK			2. DATE OF DEATH 6/21/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1003 S. Belnord Ave.					
Length of stay in Baltimore 60 years			Yrs. Mos. Days		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 4, 1878		9. AGE (In years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME MAXIMILIAN DUSZYNSKI			14. MOTHER'S MAIDEN NAME BARBARA RARINEK		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		

18. 491X and E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Bronchopneumonia DUE TO (B) Uremia DUE TO (C) CERTIFICATION APPROVED BY W. W. H. Kammer J. B. Fisher M.D. CHIEF OR ASST. MEDICAL EXAMINER		INTERVAL BETWEEN ONSET AND DEATH 3 days 3 days
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Intertrochanteric fracture left femur		12 days

19A. DATE OF OPERATION 6/12/51		19B. MAJOR FINDINGS OF OPERATION Intertrochanteric fracture left femur		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1003 S. Belnord Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 6/9/51		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Slipped & fell to floor	
22. I hereby certify that I attended the deceased from 6/9/51 , to 6/21/51 , that I last saw the deceased alive on 6/21/51 , and that death occurred at 8:55 AM , from the causes and on the date stated above.					
23A. SIGNATURE J. B. Fisher M.D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 6/21/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE June 25/51		24C. NAME OF CEMETERY OR CREMATORY ST. STANISLAUS CEM	
24D. LOCATION (City, town, or county) (State) BALTIMORE		24E. LOCAL REGISTRAR St. Stanislaus		24F. FUNERAL DIRECTOR 1000 S. KENWOOD AVE	

JUN 22 1951 TO BE APPROVED BY MEDICAL EXAMINER
N-820.0 186a



530
51 5534

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5534

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Barbara Schmidt

2. DATE
OF
DEATH

June 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4407 Furley Ave

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Baltimore B. COUNTY Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write township and give township)

D. STREET ADDRESS (If rural, give location)

4407 Furley Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 11, 1873

9. AGE (In years, last birthday)

78

10. If Under 1 Year Months: Days

0 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

home

11. BIRTHPLACE (State or foreign country)

France

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Anton Schehl

14. MOTHER'S MAIDEN NAME

Julia Weyerman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Anne Beckman 4407 Furley Ave

ADDRESS

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Hypertensive Cardio-Vascular disease & cardiac failure & fibrillation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDICTION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~June 16~~ June 19, 1951, to June 20, 1951, that I last saw the deceased alive on June 20, 1951, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas J. Brennan

M. O.

23B. ADDRESS

5217 Haverford Rd.

23C. DATE SIGNED

6-22-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 25, 1951

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Jaylors Ave Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Therese M. Williams

25. FUNERAL DIRECTOR

Albert J. Kelly

ADDRESS

4642 Belair Road

JUN 22 1951

AVIATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5535

Registered No. _____

430
51 5535

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Wilbur Preston Belt, SR.</i>		2. DATE OF DEATH <i>Jun. 6. 21. 51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Doctors Hospital</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Doctors Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 30 24-03</i>	
Length of stay in Baltimore <i>66 years</i>		D. STREET ADDRESS (If rural, give location) <i>535 E. Gittings St.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Nov. 25, 1884</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Iron worker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Shipbuilding Yard</i>	9. AGE (In years last birthday) <i>66</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Wilbur Preston Belt</i>		14. MOTHER'S MAIDEN NAME <i>Ellen Shears</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>215-01-3121</i>	
17. INFORMANT <i>Mrs. Emma V. Belt (wife)</i>		ADDRESS <i>Same</i>	

<p>18. <i>430.0</i></p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) <i>lobar pneumonia left</i></p> <p>DUE TO</p> <p>(B) <i>arteriosclerotic heart disease</i></p> <p>DUE TO</p> <p>(C) _____</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>

19A. DATE OF OPERATION <i>21</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *6. 21. 1951*, to *6. 21. 1951*, that I last saw the deceased alive on *6. 21. 1951*, and that death occurred at *10 30 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Walter Kohn</i>	M. D.	23B. ADDRESS <i>102 E. Fort Ave</i>	23C. DATE SIGNED <i>6/22/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24B. DATE <i>Mon. June 25, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Olsen Haven Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Anne Arundel Co., Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 22 1951</i>		25. FUNERAL DIRECTOR <i>A. Howard Evans</i>	
REGISTRAR'S SIGNATURE <i>Thurston Williams</i>		ADDRESS <i>1400 S. Charles St - Balt. 108 30, Md</i>	

CENTRAL BANK OF INDIA

4



532
51 5536BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5536

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>AME CARRIE</i>		2. DATE OF DEATH <i>6/21/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>CHURCH HOME HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, with RURAL and give township) <i>BALTIMORE 6-05</i>	
Length of stay in Baltimore <i>51</i>		D. STREET ADDRESS (If rural, give location) <i>CHURCH HOME HOSPITAL</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>August 4 1859</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>HOTSEWICE</i>	9. AGE (in years last birthday) <i>91</i>
11. BIRTHPLACE (State or foreign country) <i>FRED COUNTY Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
13. FATHER'S NAME <i>ROBERT B CARLISLE</i>		14. MOTHER'S MAIDEN NAME <i>SARAH E GARROTT</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	
17. INFORMANT <i>PATIENT</i>		ADDRESS	

18. *450.0* CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Generalized arteriosclerosis
DUE TO *7 Cachexia*

INTERVAL BETWEEN ONSET AND DEATH
years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

20. AUTOPSY?
YES ☐ NO ☒19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July 15, 1949* to *6/21, 1951*, that I last saw the deceased alive on *6/21, 1951*, and that death occurred at *6:45 P. M.*, from the causes and on the date stated above.

23A. SIGNATURE

H. Reed Carroll M. D.

23B. ADDRESS

CHURCH HOME HOSPITAL

23C. DATE SIGNED

6/21/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/23/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cmw. Woodlawn, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 22 1951

REGISTRAR'S SIGNATURE

W. H. Jones

25. FUNERAL DIRECTOR

Wm 20 Pickney & Sns

ADDRESS

97 Catto Mds

DECLARATION OF DEATH

No. 12
I, the undersigned, being a resident inhabitant of the County of ... State of ... do hereby certify that on the ... day of ... 19... at ... in the County of ... State of ... I saw the body of ... who had been dead for ... hours.

My name is ... I am a ... of the County of ... State of ... I am a ... of the County of ... State of ... I am a ... of the County of ... State of ...

I am a ... of the County of ... State of ... I am a ... of the County of ... State of ... I am a ... of the County of ... State of ...

I am a ... of the County of ... State of ... I am a ... of the County of ... State of ... I am a ... of the County of ... State of ...

I am a ... of the County of ... State of ... I am a ... of the County of ... State of ... I am a ... of the County of ... State of ...

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

250
51 5537

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5537
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE B. TYSON

2. DATE
OF
DEATH

6/21/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

MERCY HOSP
73

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 20-02

D. STREET ADDRESS (If rural, give location)

2551 EDMONDSON AVE

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

24 MAR 78 73

9. AGE (in years
last birthday)

73

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Policeman (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. City

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

--- Tyson

14. MOTHER'S MAIDEN NAME

Elizabeth ---

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Ray G. W. Eaton-263 Chestnut St. York, Pa.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

MYOCARDIAL INFARCTION

CORONARY OCCLUSION

(B)

DUE TO

CORONARY ART DIS.

(C)

GENERALIZED ATHEROSCLEROSIS

INTERVAL BETWEEN
ONSET AND DEATH

UNK

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from 6/20, 1951, to 6/21, 1951, that I last saw the
deceased alive on 6/21, 1951, and that death occurred at 7:29 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Oliver R. Rett

M. D.

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

6/21/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/25/51

24C. NAME OF CEMETERY OR CREMATOR

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Wm. J. Lickner & Sons

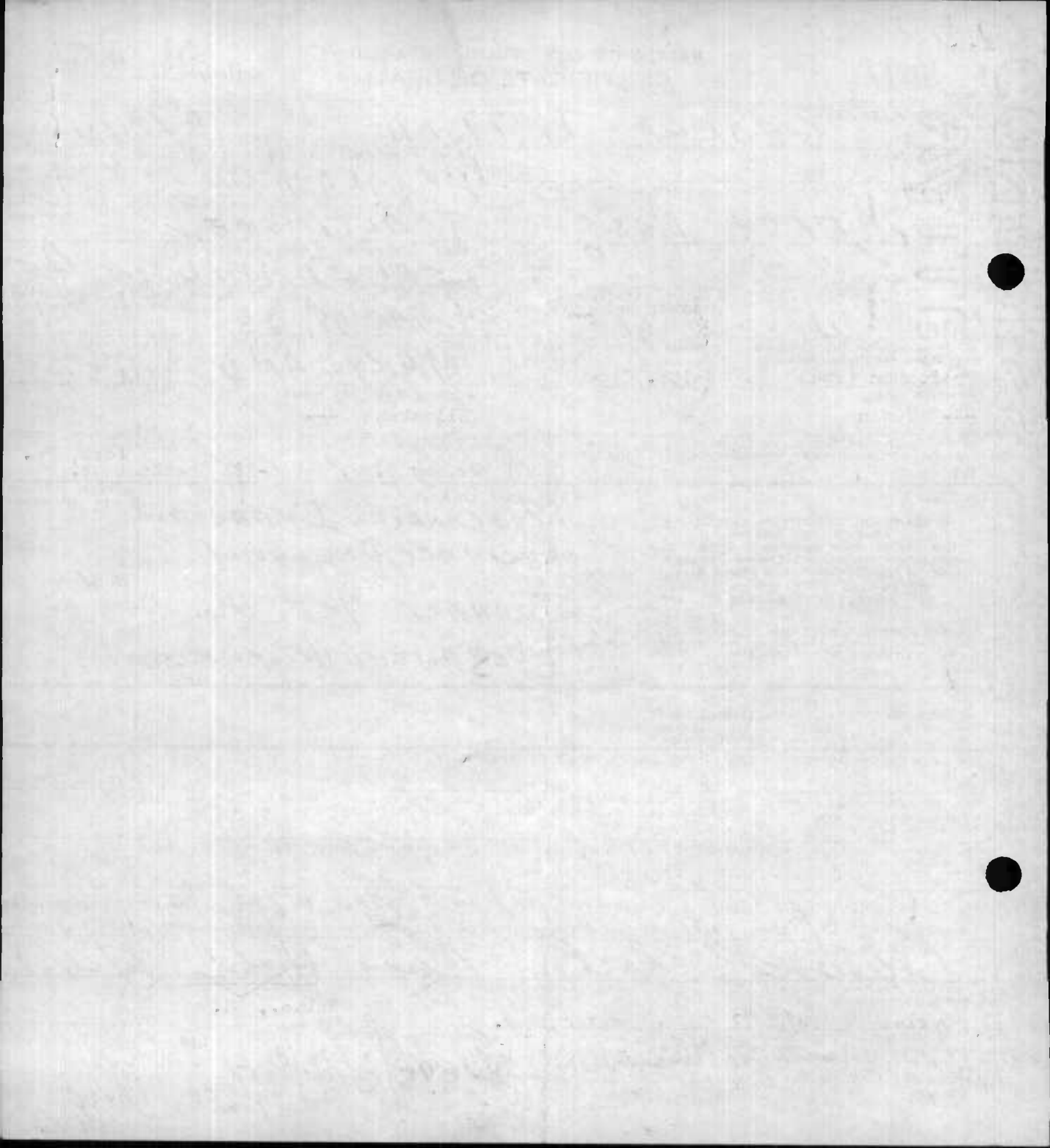
ADDRESS

Balto Md.
94a

773 93

JUN 22 1951

VS 150



616

51 5538

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5538

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Barber

2. DATE
OF
DEATH

June 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

40 years

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MARRIAGE NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CARDIO VASCULAR DISEASE

5 YRS.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from JUNE 10, 1946 to JUNE 20, 1951, that I last saw the deceased alive on JUNE 19, 1951, and that death occurred at 9 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

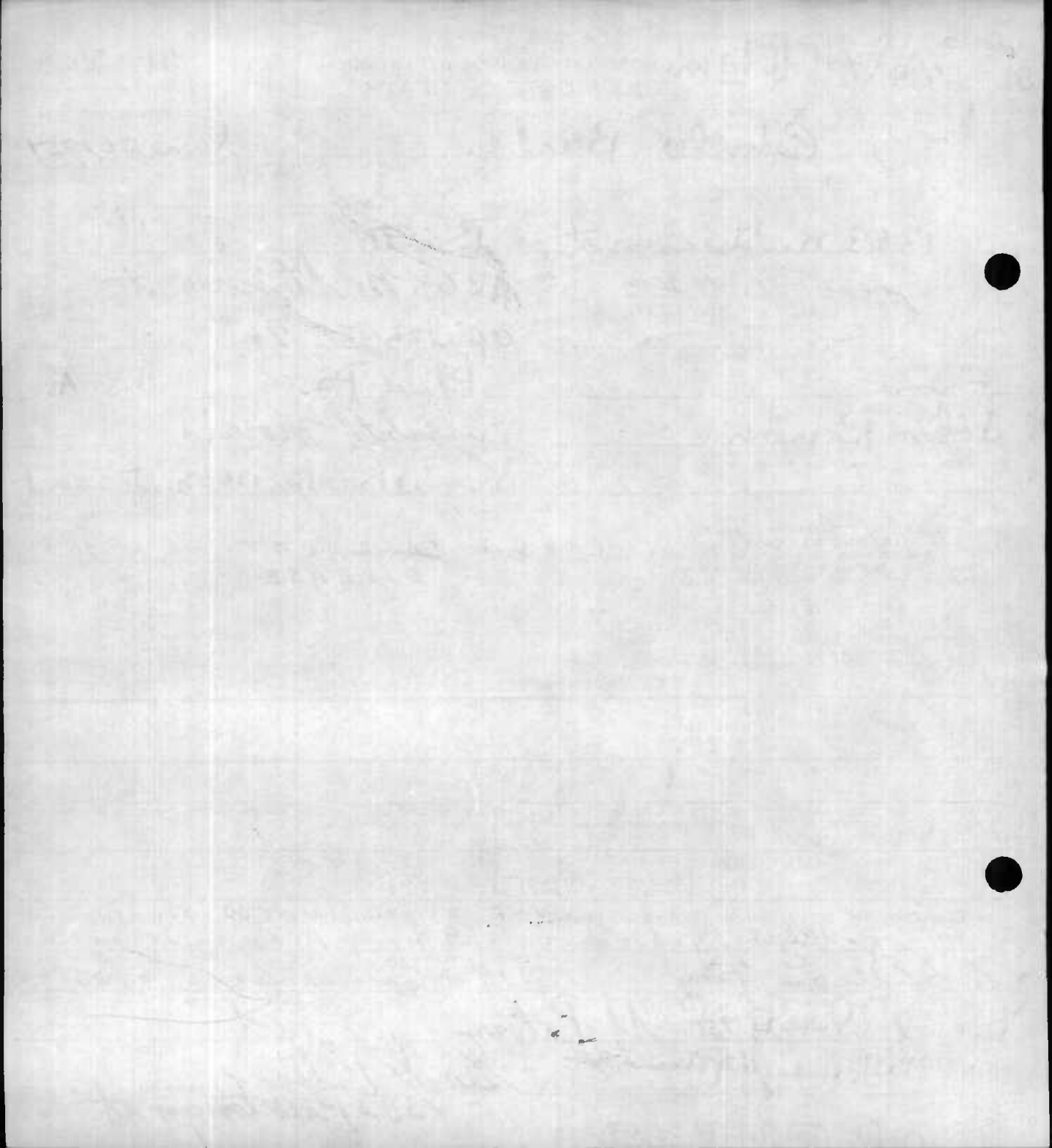
DATE RECEIVED BY LOCAL REGISTRY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S

ADDRESS

1303 Preshmans St 937



220
51 5539BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5539

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Wioskowski

2. DATE
OF
DEATH

June 22 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

426 S. Dallas St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. City

D. STREET ADDRESS (If rural, give location)

426 S. Dallas St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

62

If Under 1 Year

If Under 24 Hours

Months Days

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Packing Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Wioskowski

(M)

14. MOTHER'S MAIDEN NAME

Catherine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

214-16-8467

17. INFORMANT

ADDRESS

Sophia Wioskowska 426 S. Dallas St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19, 1951, to June 22, 1951, that I last saw the
deceased alive on June 21, 1951, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

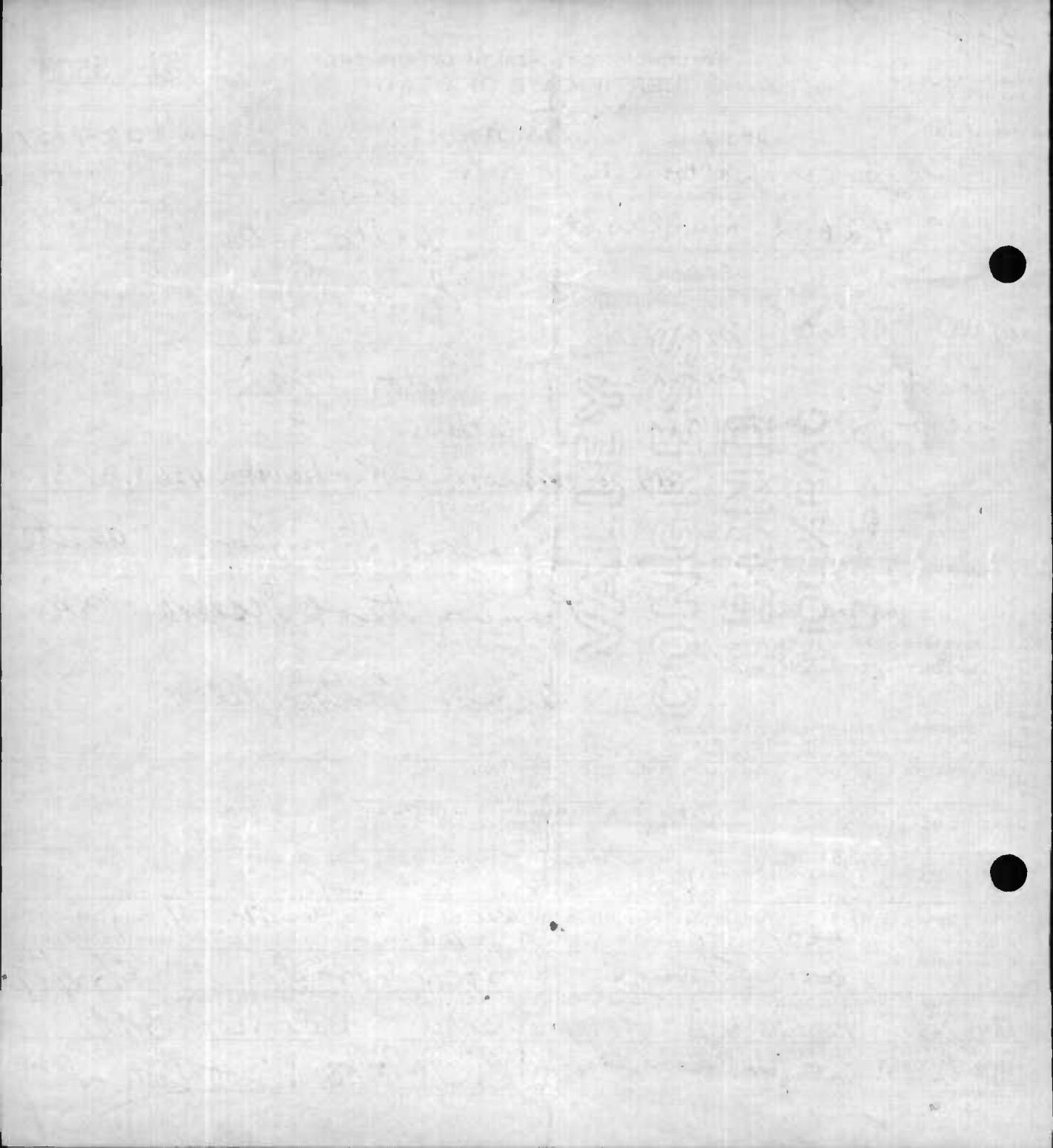
JUN 22 1951

JUN 25 1951

Holy Rosary

Balto. Co. Md.

2007 Eastern Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5540

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RALEIGH SCOTT TISHUE

2. DATE
OF DEATH June 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General

Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5920 Patrick Henry Drive

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

1-10-1892

9. AGE (In years
last birthday)

59

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Electrician

10B. KIND OF BUSINESS OR
INDUSTRY

Davidson Co.

13. FATHER'S NAME

FRANK FUSON (W)

14. MOTHER'S MAIDEN NAME

Ella Spehr

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family Same

18. E902.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Crushing injuries of head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Fracture of right femur

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
Industrial place21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Davidson Chemical Corp. Charles &

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

June 21, 1951 1:00P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Fell to ground when pole he was on, broke 4/1

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐ 6-22-5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-24-51

24C. NAME OF CEMETERY OR CREMATORY

Hill Grove

24D. LOCATION (City, town, or county) (State)

Connsville VA

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

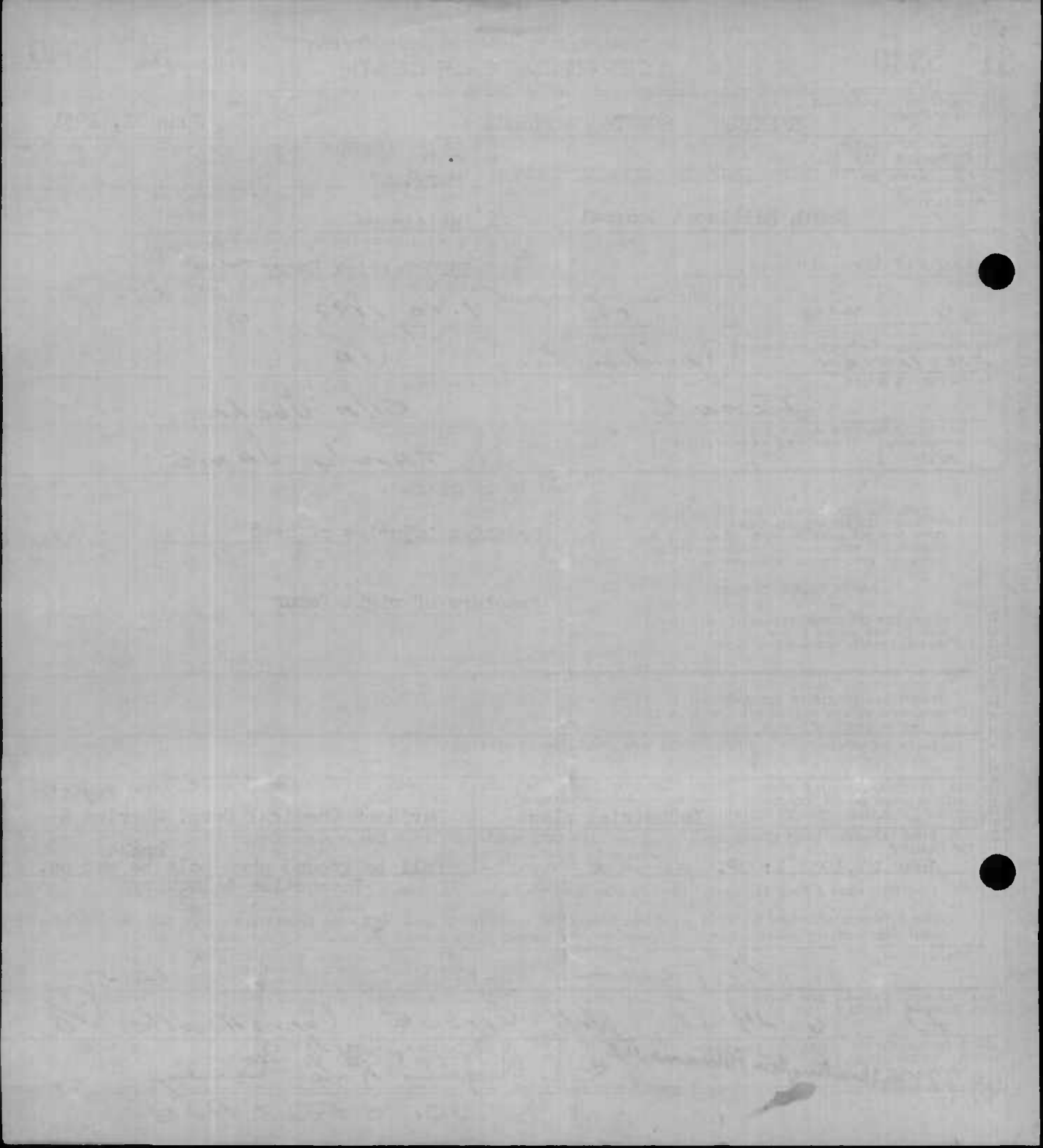
JUN 22 1951

VS 151

N-804.2

51566

130 E FORT AVE 186a



550

51 5541

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5541

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARTHUR NEWMAN

2. DATE
OF
DEATH

6-20-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City, MD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Jewish Balto. Gen. Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

109 W. Henrietta Street

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11/11/1912

9. AGE (In years
last birthday)

40

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sub Foreman

10B. KIND OF BUSINESS OR
INDUSTRY

Rubber Plant

11. BIRTHPLACE (State or foreign country)

Centerville Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Daniel Newman

14. MOTHER'S MAIDEN NAME

Mary Sutton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

109 W ADDRESS

Ethel Newman-Henrietta St

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebro-Vascular Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension C. & A. Disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 6-20, 1957, to 6-20, 1957, that I last saw the
deceased alive on 6-20, 1957, and that death occurred at 10:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. C. D. Quinlan

M. D.

23B. ADDRESS

1213 LIGHT ST

23C. DATE SIGNED

6-20-57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Burial

6/24/57

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Ct

24D. LOCATION (City, town, or county)

A. A. Co., Md

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

JUN 22 1957

Montgomery Williams, Md

25. GENERAL DIRECTOR

ADDRESS

105 W Montgomery St

VS 150

52340

937

correct age is especially important. In signatures, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

11

Musley

5.52
51 5542 51-15031

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5542
Registered No.

1. NAME OF DECEASED (Type or Print) William SIMMONS, Baby Boy		2. DATE OF DEATH 6/20/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓ B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 1615 E. Balto. St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 3-01	
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 6/17/51	
9. AGE (In years last birthday) 3		10. UNDER 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY CHILD	
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Raymond Simmons		14. MOTHER'S MAIDEN NAME Laratha Mansfield	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT RAYMOND SIMMONS		ADDRESS 1615 BALTO ST.	

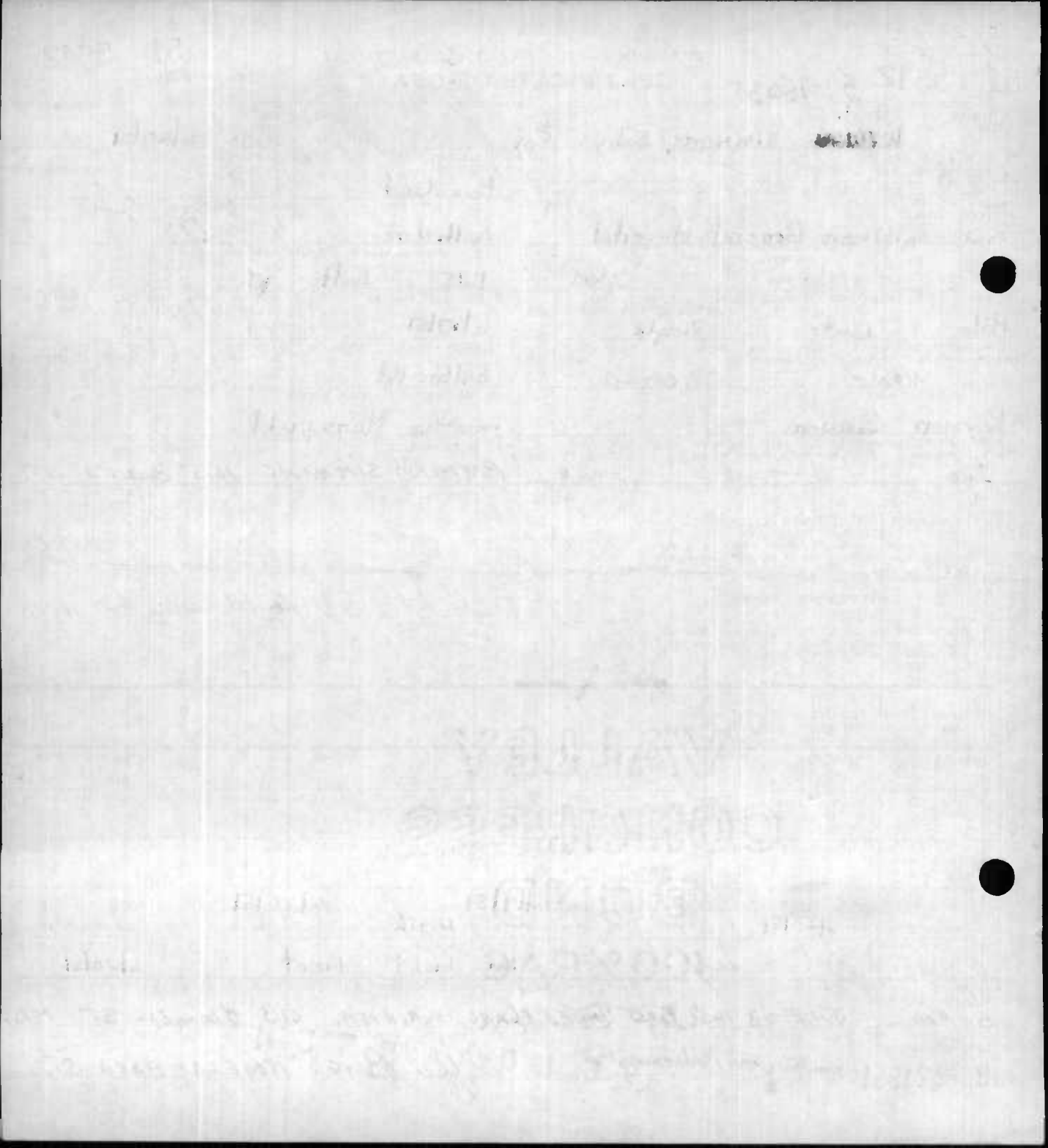
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 76x.0 Breumonia		CAUSE OF DEATH Breumonia		INTERVAL BETWEEN ONSET AND DEATH 60 hours	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. A. telecystis right lung		(A) DUE TO		(B) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6/17/51**, 19__, to **6/20/51**, 19__, that I last saw the deceased alive on **6/20/51**, 19__, and that death occurred at **12:45A.**, from the causes and on the date stated above.

23A. SIGNATURE Anton del Campo		23B. ADDRESS 1213 Light Street		23C. DATE SIGNED 6/20/51	
--	--	--	--	------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE JUNE 23 1951		24C. NAME OF CEMETERY OR CREMATORY FIRST UNITED EVANG CHURCH REM.		24D. LOCATION (City, town, or county) (State) CLIB O'DONNELL ST MD.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 22 1951		REGISTRAR'S SIGNATURE William Williams, M.D.		25. FUNERAL DIRECTOR Deffel Bros.		ADDRESS 1800 E LOMBARD ST.	



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 5543

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *May*
MINNIE / MASON

2. DATE OF DEATH **6-21-51**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Lutheran Hosp.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE **Md.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
2702 W. Lanvale St.

5. SEX
female

6. COLOR OR RACE
white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH **1887**
Oct. 27, 1887

9. AGE (In years, last birthday) **64**
If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)
Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
- Thompson

14. MOTHER'S MAIDEN NAME
Mary -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
no

17. INFORMANT ADDRESS **St.**
Mrs. Winefred L. Fenyes - 2702 W. Lanvale

18. **057.0**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) **Adrenal insufficiency**
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Meningococcus meningitis**
DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-21**, 19**51**, to **6-21**, 19**51**, that I last saw the deceased alive on **6-21**, 19**51**, and that death occurred at **11⁴⁰** Pm., from the causes and on the date stated above.

23A. SIGNATURE
Jerome Gaber

23B. ADDRESS
M. D. **Lutheran Hosp.**

23C. DATE SIGNED
6-22-51

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
6/25/51

24C. NAME OF CEMETERY OR CREMATORY
Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)
Balto., Md.

DATE RECEIVED BY LOCAL OFFICE
JUN 22 1951

REGISTRAR'S SIGNATURE
Wm. J. Williams

25. FUNERAL DIRECTOR'S ADDRESS
Wm. J. Williams & Sons

Balto Md. 6

CERTIFICATE OF DEATH

RETURNED TO SENDER BY REGISTERED MAIL

DECEASED

NAME

AGE

SEX

RACE

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CLERGYMAN

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF REGISTRAR

NAME OF CLERK

NAME OF ASSISTANT CLERK

NAME OF DEPUTY REGISTRAR

NAME OF DEPUTY CLERK

NAME OF DEPUTY ASSISTANT CLERK

NAME OF DEPUTY DEPUTY REGISTRAR

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NAME OF DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY REGISTRAR

NAME OF DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY DEPUTY CLERK

300
51 5544

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

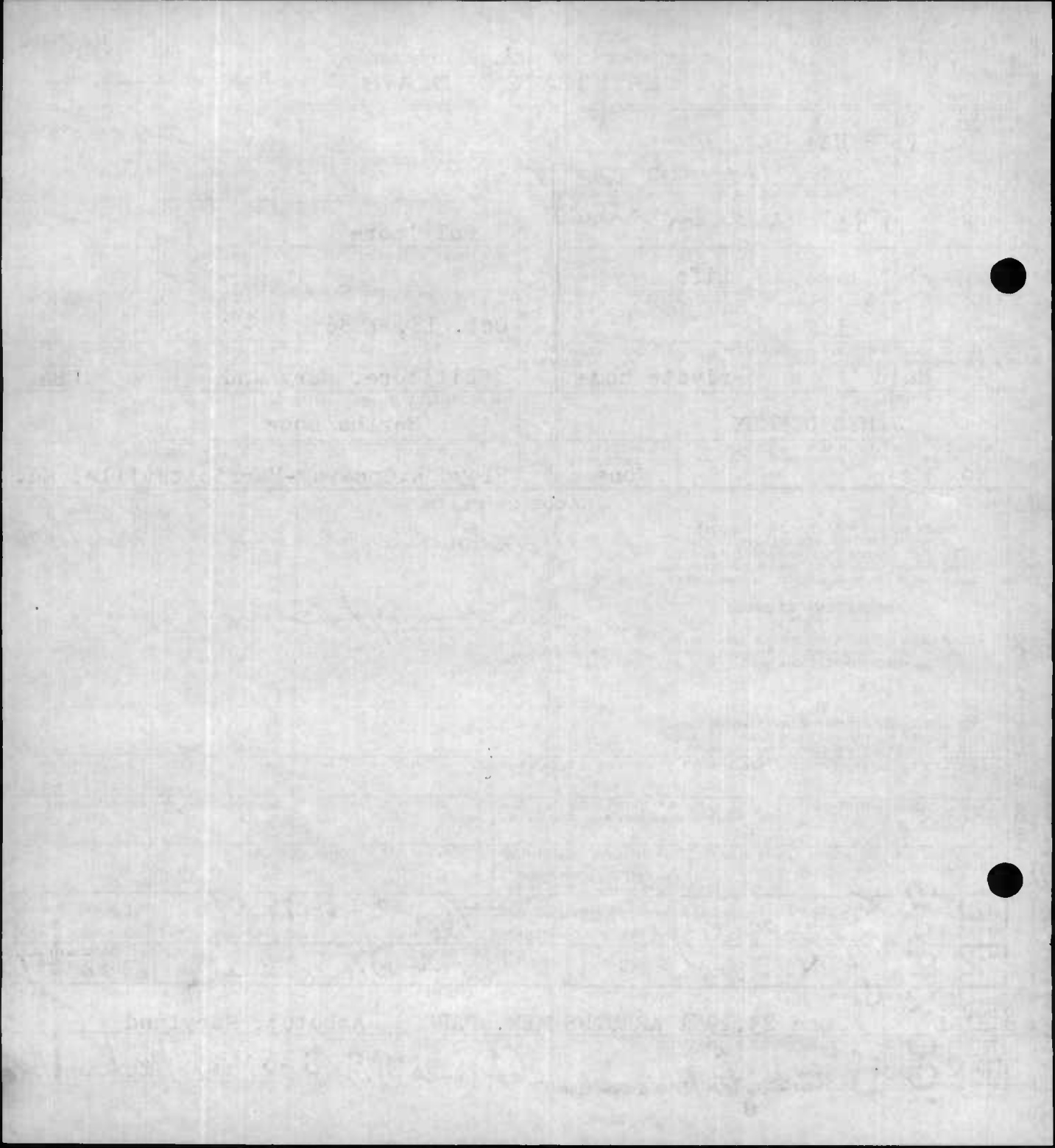
51 5544

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) (BERTH) Bertha White		2. DATE OF DEATH 6-20-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1627 Brunt St		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Harford	
B. FULL NAME OF HOSPITAL OR INSTITUTION 535 Wilson Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1627 Brunt St		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX M	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 18, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid		10B. KIND OF BUSINESS OR INDUSTRY Private home	9. AGE (In years last birthday) 64
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JAMES OCKMEY		14. MOTHER'S MAIDEN NAME Bertha Long	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Floyd A. Conaway-Marriottsville, Md.		ADDRESS	

18. 447 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arterio-sclerosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Essential Hypertension DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH early 1 1/2 yrs 6 mos.
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from May 15, 1950 , to 6-17-51 , 19____, that I last saw the deceased alive on 6-20-1951 , and that death occurred at 3P. m., from the causes and on the date stated above.		
23A. SIGNATURE F.N. Cardozo	23B. ADDRESS 1524 W. H. Ave	23C. DATE SIGNED 6-20-51
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE June 23, 1951	24C. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM. PARK
DATE RECEIVED BY LOCAL REGISTRAR JUN 22 1951	REGISTRAR'S SIGNATURE Charles E. Lewis	24D. LOCATION (City, town, or county) (State) Arbutus, Maryland

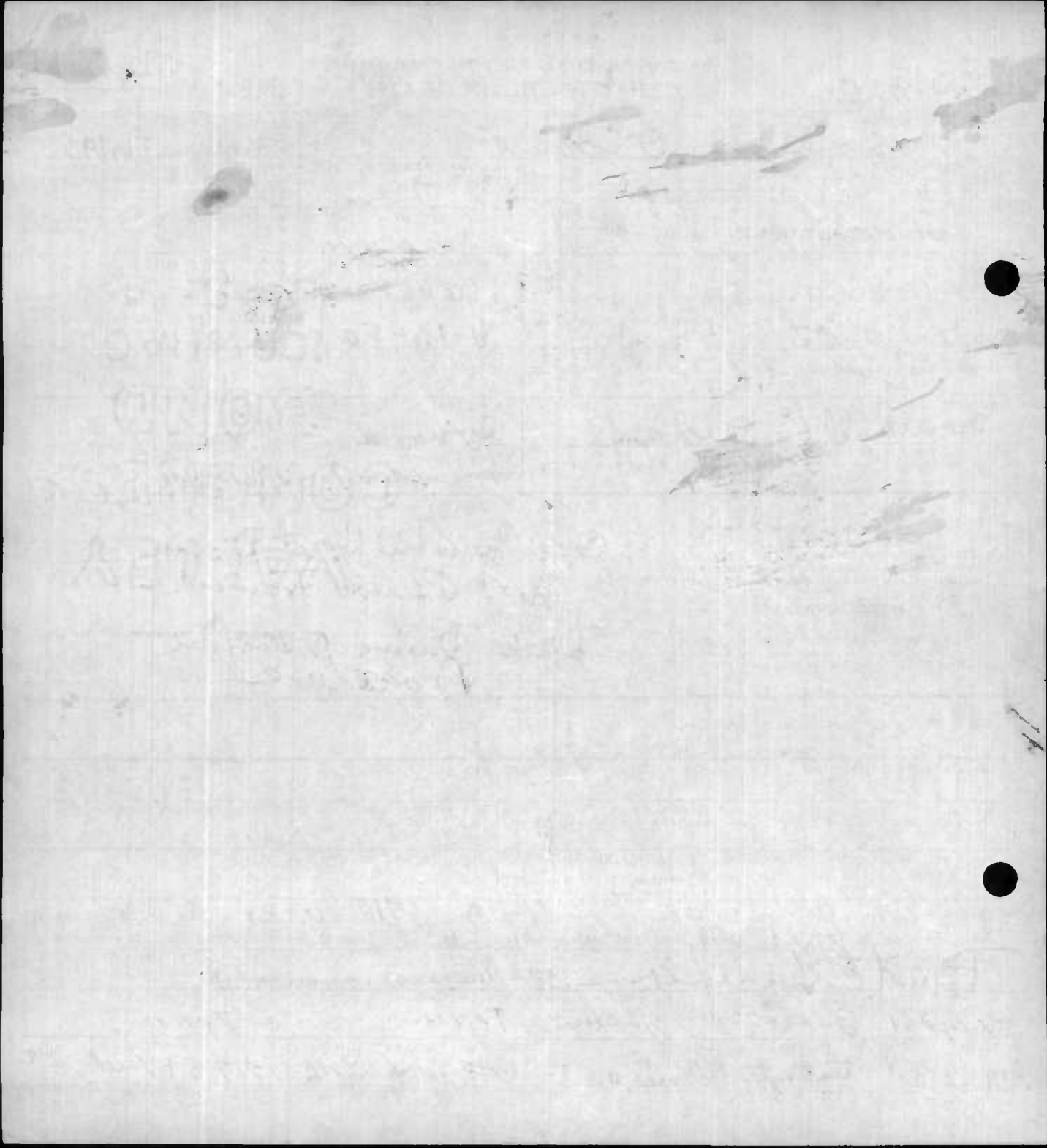


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5545
Registered No. 51 5545

250
51 5545
BIRTH NO. N.C.

1. NAME OF DECEASED (Type or Print) Southall Dickson		2. DATE OF DEATH June 21, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Tenn. b. COUNTY V-39	
b. FULL NAME OF HOSPITAL OR INSTITUTION THE JOHNS HOPKINS HOSPITAL		c. CITY OR TOWN Jackson (If outside corporate limits, write RURAL and give township)	
d. STREET ADDRESS (If rural, give location) 190 Summer St.		e. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6-16-50
9. AGE (In years last birthday) 1		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Southall Dixon		14. MOTHER'S MAIDEN NAME Joanne Eskin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT THE JOHNS HOPKINS HOSPITAL		ADDRESS	
18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cong. Cyanotic Heart Disease DUE TO Dx. Pseudo Truncus		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Died During Operative Procedure			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 6-21-51		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-19, 1951 , to 6-21, 1951 , that I last saw the deceased alive on 6-21, 1951 , and that death occurred at 6:57 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Robert E. Gussler		23b. ADDRESS THE JOHNS HOPKINS HOSPITAL	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June-22-51	24c. NAME OF CEMETERY OR CREMATORY Jackson Tenn.	24d. LOCATION (City, town, or county) (State) Tenn.
DATE RECEIVED BY LOCAL REGISTRAR JUN 22 1951	REGISTRAR'S SIGNATURE Wm. Cook Jr.	25. FUNERAL DIRECTOR Wm. Cook Jr. 1217 St Paul St.	



650
51 5546
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5546
Registered No.1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

JOHNS HOPKINS HOSPITAL

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-30-1951 to 6-22-1951, that I last saw the
deceased alive on 6-22-1951, and that death occurred at 11:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL CEMETERY
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

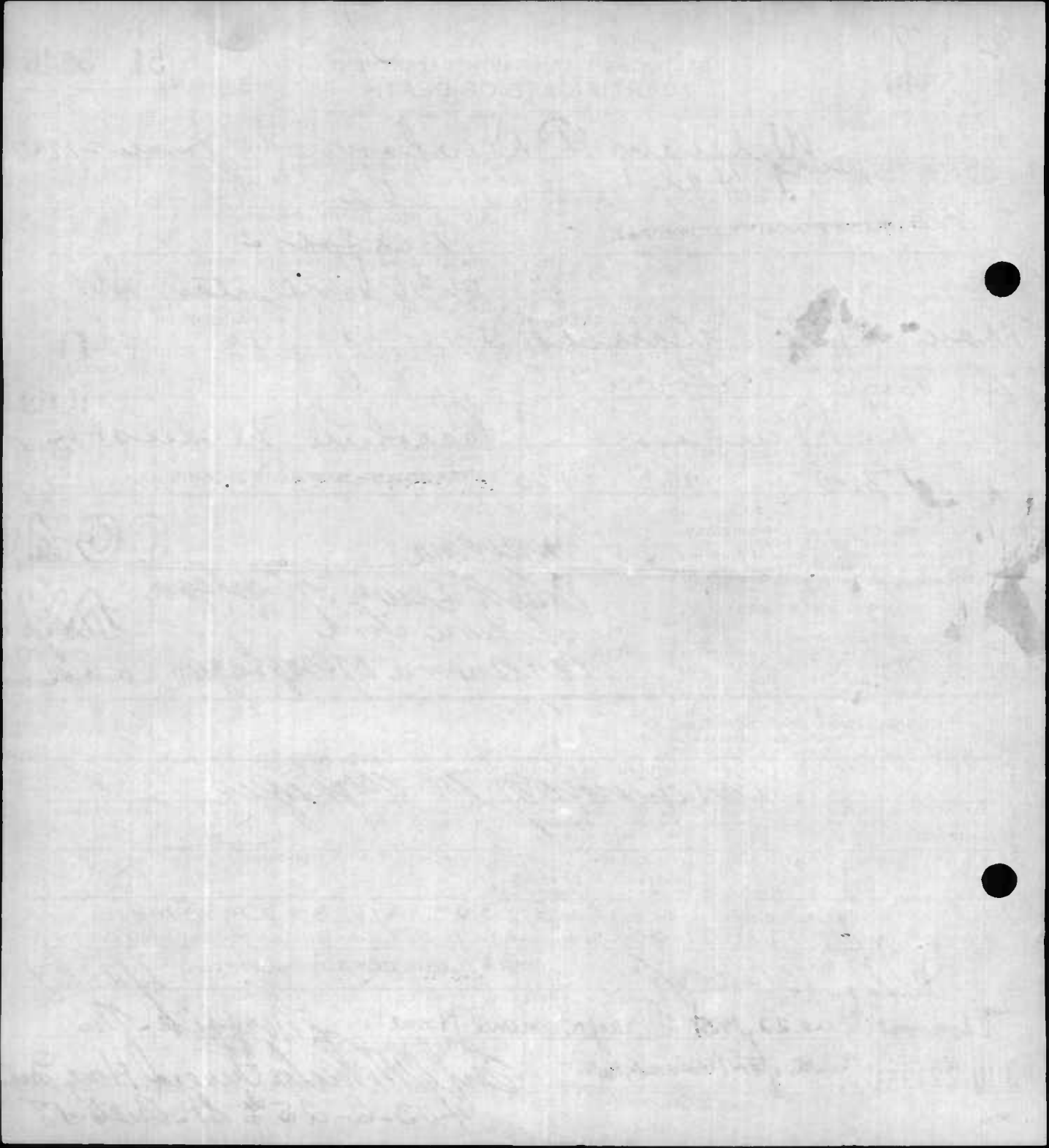
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR
JUN 22 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



250
5547BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5547
Registered No.

1. NAME OF DECEASED (Type or Print) MARY Leda HEWSON		2. DATE OF DEATH June 29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write rural and give township) Baltimore	
D. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 5013 Cordelia Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 13, 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical		10B. KIND OF BUSINESS OR INDUSTRY Credit Agency	9. AGE (In years last birthday) 71 a.w.
11. BIRTHPLACE (State or foreign country) Carroll County, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Hewson,		14. MOTHER'S MAIDEN NAME Lucy Hobbs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 212-01-8071	
17. INFORMANT Mr. George B. Hewson,		ADDRESS 2924 Miles Ave.	

18. 330X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rupture of intra-cranial aneurysm DUE TO ANTECEDENT CAUSES Subarachnoid hemorrhage DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley B. Dineen	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 6-20-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 23, 1951	24C. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery, Sykesville, Carroll Co., Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 23 1951	REGISTRAR'S SIGNATURE Wm. J. Williams	25. FUNERAL DIRECTOR Wm. J. Williams
ADDRESS 4611 Park Heights Ave.		

Washington, D.C. 20535

Memorandum for the Director

Subject: [Illegible]

Reference is made to [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

cc - [Illegible]

[Illegible]

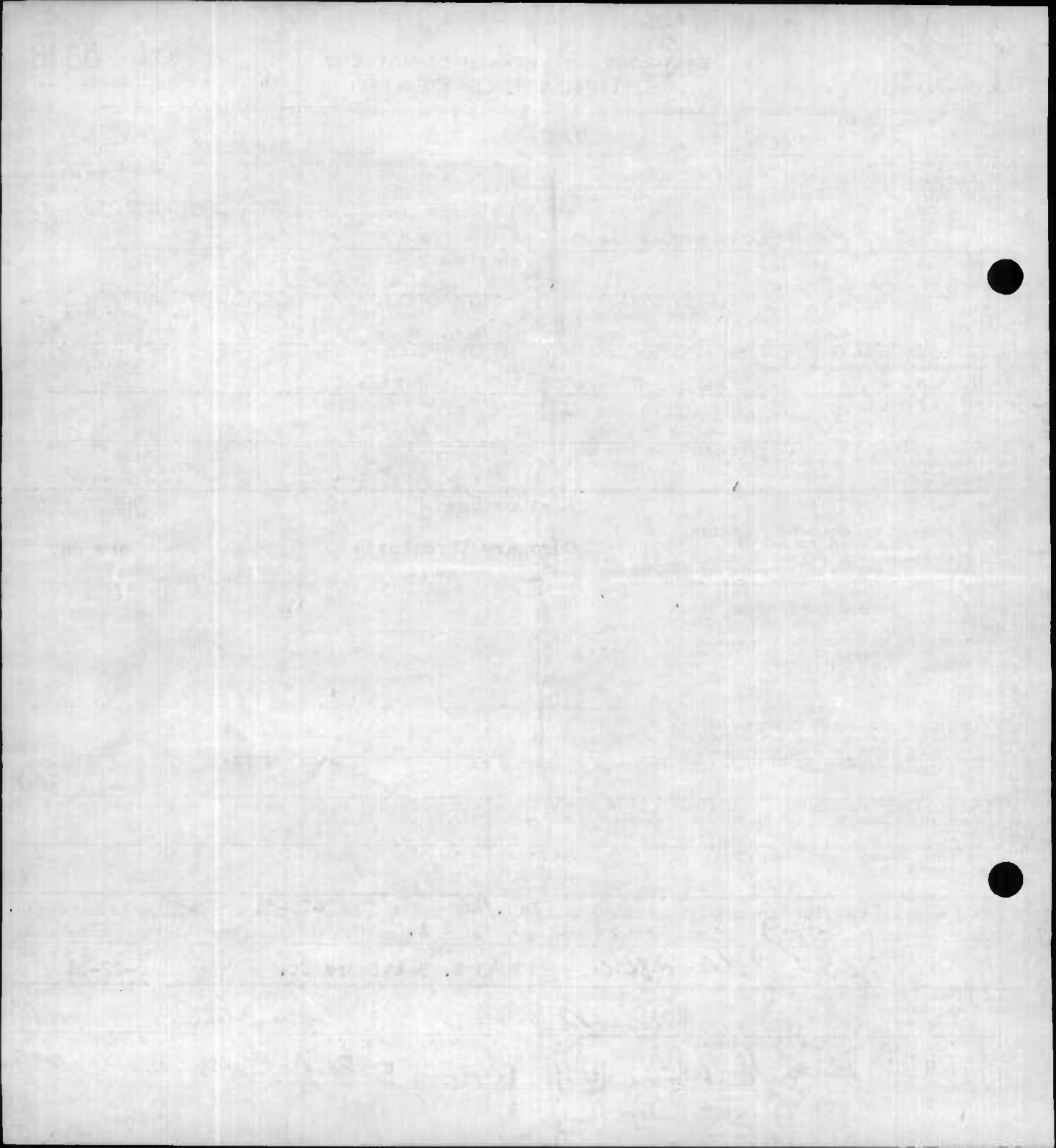
[Illegible]

[Illegible]

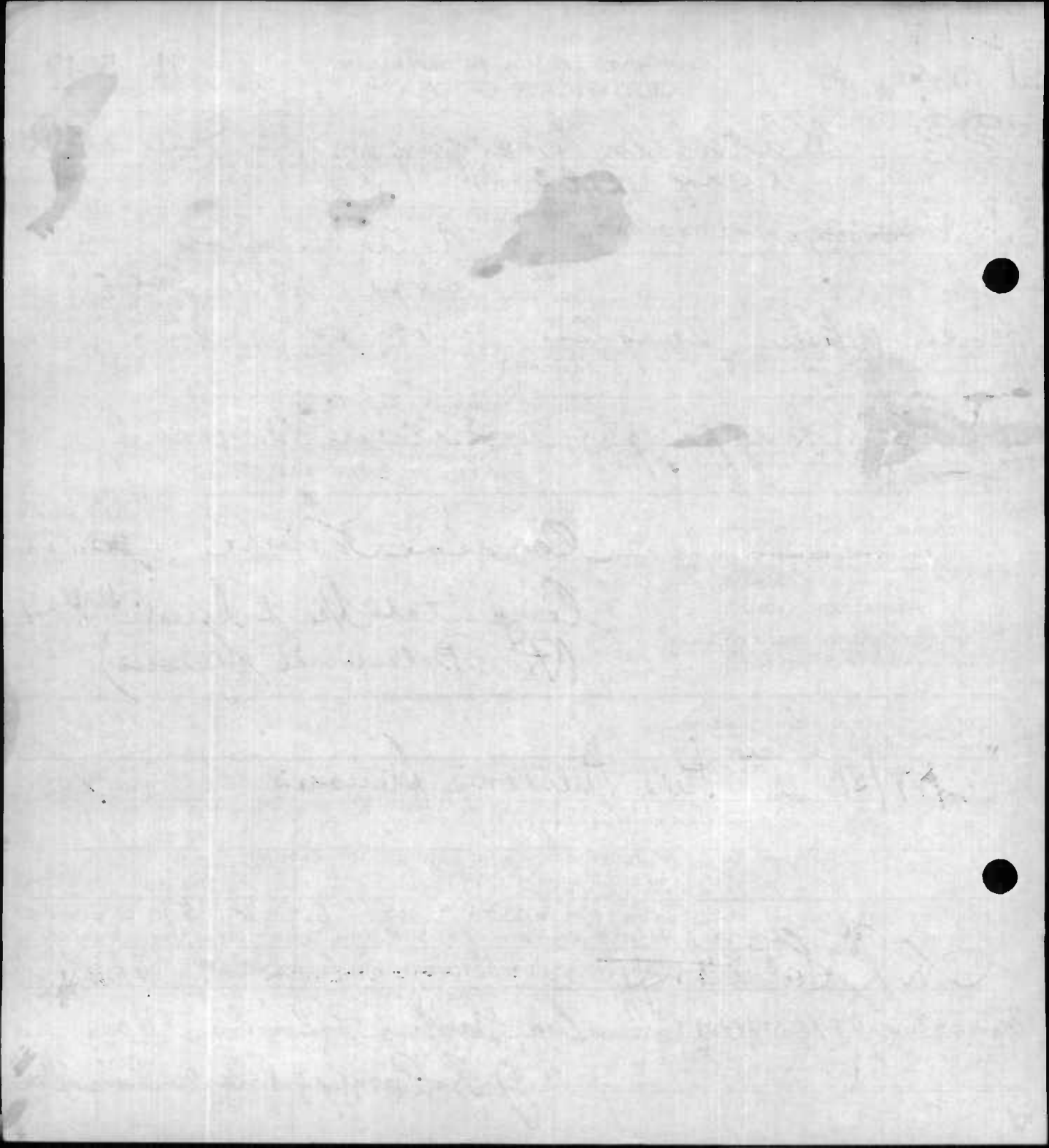
090
51 5548BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5548

1. NAME OF DECEASED (Type or Print) JOHN W. DAY		2. DATE OF DEATH 6-20-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 23 N. SMALLWOOD ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-02	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 23 N. SMALLWOOD ST.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 9, 1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MOLDER		10B. KIND OF BUSINESS OR INDUSTRY STEEL PLANT	9. AGE (In years, last birthday) 76 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME JOHN W. DAY		14. MOTHER'S MAIDEN NAME MARY ROSS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Margaret E. Day - 23 N. Smallwood St.		ADDRESS	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH one day	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan./46 , 19__, to 6-19-51 , 19__, that I last saw the deceased alive on 6-19-51 , 19__, and that death occurred at 8 A. m. , from the causes and on the date stated above.			
23A. SIGNATURE J. J. Shearman		23B. ADDRESS 1945 W. Baltimore St.	
23C. DATE SIGNED 6-22-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-23-51	
24C. NAME OF CEMETERY OR CREMATORY Mt. Roland Park		24D. LOCATION (City, town, or county) (State) Baltimore MD	
DATE RECEIVED BY LOCAL REGISTRAR JUN 23 1951		REGISTRAR'S SIGNATURE Wm. H. Williams	
25 FUNERAL DIRECTOR George A. S. Sells		ADDRESS 1000 N. Gay St. 51	



215		BALTIMORE CITY HEALTH DEPARTMENT		51 5549	
51 5549 N.R.		CERTIFICATE OF DEATH		Registered No. 51 5549	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Kathleen Sheffington		June 22, 1957	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
THE JOHNS HOPKINS HOSPITAL		N. Arlington			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
		4521 20th Pl.			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Female		White		Single	
8. DATE OF BIRTH		9. AGE (in years last birthday)		10. UNDER 1 Year Months: Days	
10-17-14		3:12:40			
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
Va.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
John Sheffington		Eileen Averand			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				THE JOHNS HOPKINS HOSPITAL	
18. 7544 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		(A) Cardiac Failure		30 min	
ANTECEDENT CAUSES		DUE TO			
		(B) Congenital Heart Disease		since birth	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C) (Pure Pulmonic Stenosis)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
6/22/57		Pure Pulmonic Stenosis		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-20-1957 to 6-22-1957 that I last saw the deceased alive on 6-22-1957, and that death occurred at 6:30 a.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
J. S. Salveston		THE JOHNS HOPKINS HOSPITAL		6/22/57	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Buried		6/25-1957		Columbia Gardens	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24D. LOCATION (City, town, or county) (State)	
		19510 J. S. Salveston		Arlington, Va.	
		25. FUNERAL DIRECTOR		ADDRESS	
		J. S. Salveston		Alexandria Va.	



431
51 5550

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5550
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Christopher Hildebrecht		2. DATE OF DEATH June 21/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2819 Jefferson St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE 2819 Jefferson St. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 40		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Md.	
Length of stay in Baltimore 79 yrs Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2819 Jefferson St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 6, 1870
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher		10B. KIND OF BUSINESS OR INDUSTRY Butcher 'Self Empl'	9. AGE (in years last birthday) 81
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George Hildebrecht		14. MOTHER'S MAIDEN NAME Louise Fischer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) --		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Catherine Hildebrecht		ADDRESS 2819 Jefferson St	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocarditis DUE TO (A) Myocarditis (B) Hypertensive Cardi DUE TO (C) - 1st acute Nephros	INTERVAL BETWEEN ONSET AND DEATH
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II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

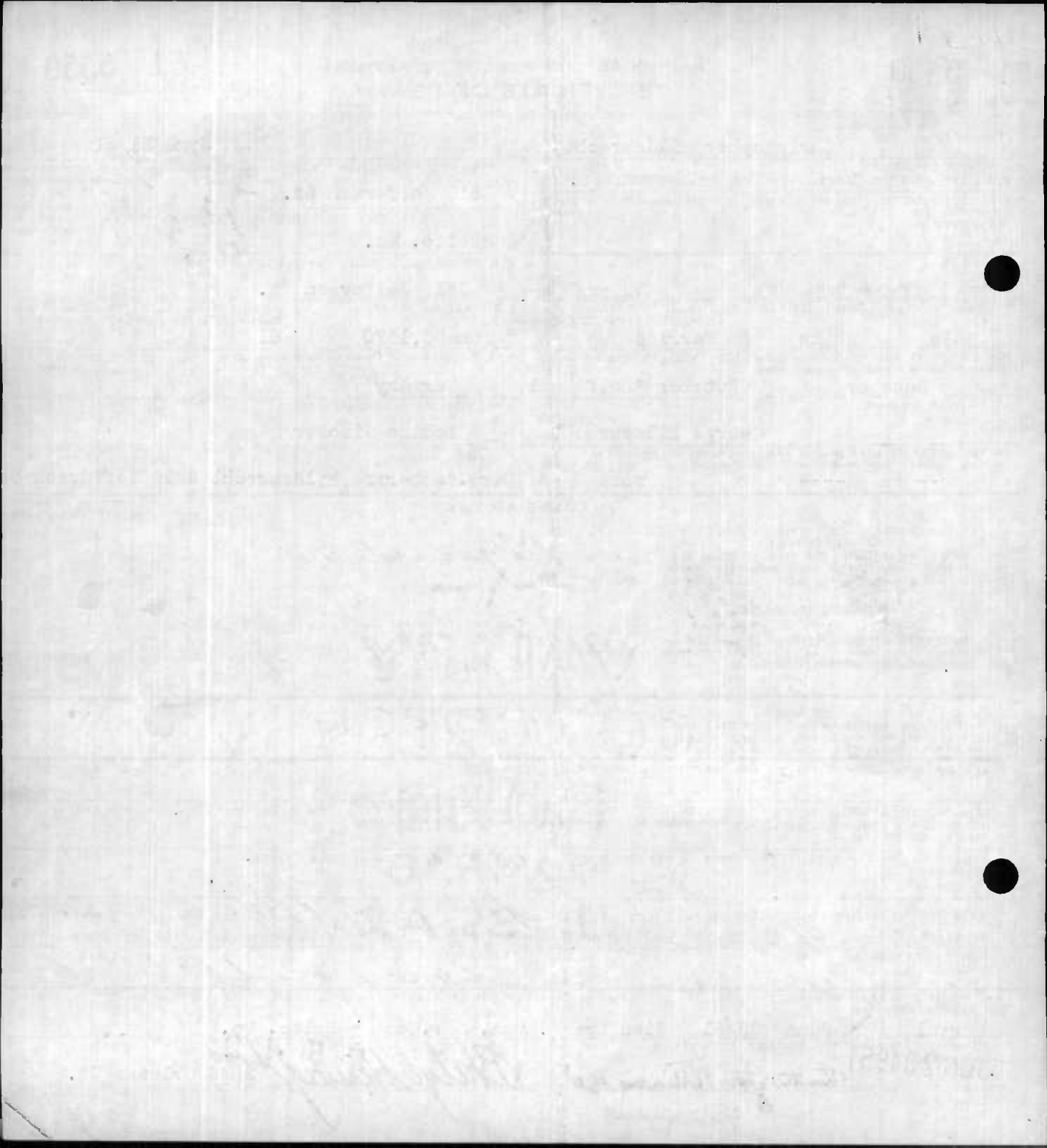
22. I hereby certify that I attended the deceased from **3/15**, 19**51**, to **6/21/51**, 19**51**, that I last saw the deceased alive on **6/20**, 19**51**, and that death occurred at **11:15** a. m., from the causes and on the date stated above.

23A. SIGNATURE [Signature] M. D.	23B. ADDRESS 2642 Mount St	23C. DATE SIGNED 6/21/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 25/51	24C. NAME OF CEMETERY OR CREMATORY Zion Evang. Luth. Chr. Cem	24D. LOCATION (City, town, or county) (State) Balto. Co.
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DATE RECEIVED BY LOCAL REGISTRAR JUN 29 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 2024 Orleans St.
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93D



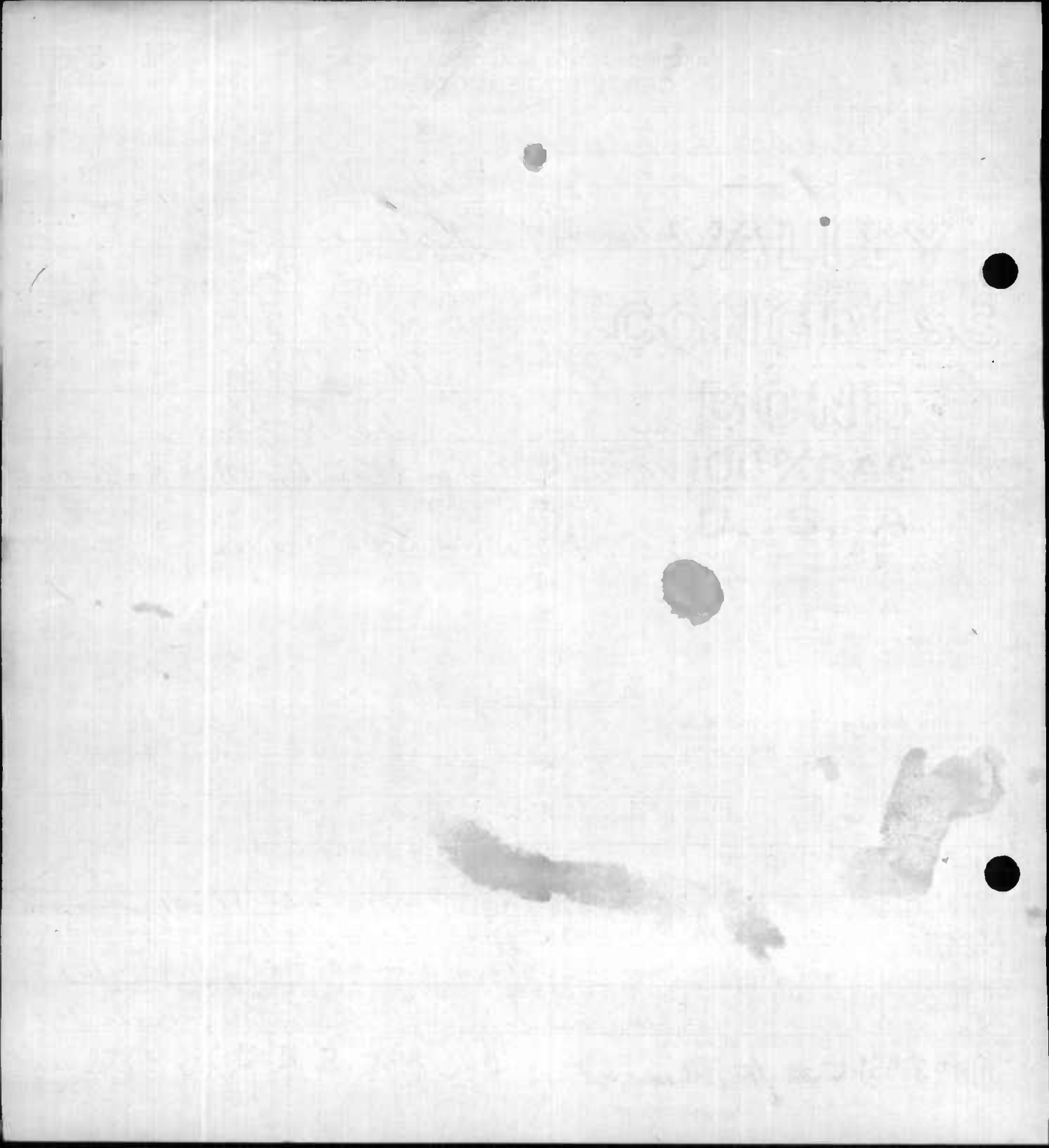
320
51 5551LITZAU
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5551
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Adelida Litzau</i>			2. DATE OF DEATH <i>June 21, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>26-08</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>3711 East Baltimore St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
D. STREET ADDRESS (If rural, give location) <i>3711 East Baltimore Street</i>			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Oct. 31, 1889</i>	9. AGE (In years: last birthday) <i>61</i>	10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <i>Edward E. Reese</i>			14. MOTHER'S MAIDEN NAME <i>Amelia Hoffman</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>		
17. INFORMANT <i>Margaret Donnelly</i>			ADDRESS <i>3711 E. Baltimore St.</i>		

18. <i>171X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>ADENOCARCINOMA CERVIX</i> DUE TO (A) <i>ADENOCARCINOMA CERVIX</i> (B) <i>ADENOCARCINOMA CERVIX</i> DUE TO (C) <i>ADENOCARCINOMA CERVIX</i>	INTERVAL BETWEEN ONSET AND DEATH <i>18 mos.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>MAY 5, 1951</i> , to <i>JUNE 21, 1951</i> , that I last saw the deceased alive on <i>JUNE 21, 1951</i> , and that death occurred at <i>2:40 P. M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Ernst Amin Reinstein</i>		23B. ADDRESS <i>1215 HIGHLAND AVE.</i>		23C. DATE SIGNED <i>6/21/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 28, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Immanuel Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Grindon Ave. - Balto. Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 23 1951</i>		24F. REGISTRAR'S SIGNATURE <i>Wm. H. Williams</i>	
24G. FUNERAL DIRECTOR <i>John C. Miller Inc.</i>		24H. ADDRESS <i>32435 E. Oliver St.</i>		24I. DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 23 1951</i>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5552
Registered No.

550
51 5552

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edward Hyman			2. DATE OF DEATH June 20, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 4421 St. George's Av.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 4421 St. George's Ave.			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 14, 1901		9. AGE (In years, last birthday) 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? U. S. A			13. FATHER'S NAME Edward Hyman		
14. MOTHER'S MAIDEN NAME Bettie Thomas			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. 220-0788 32			17. INFORMANT ADDRESS Mrs. Julia Hyman 4421 St. George A		

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Lung (A) Involving Cervical Spine Proven by Biopsy ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH about 1 year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 19, 1951**, to **June 20, 1951**, that I last saw the deceased alive on **June 19, 1951**, and that death occurred at **4:45 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <i>Amat. Maw</i>	23B. ADDRESS 516 Cathedral St.	23C. DATE SIGNED 6/21/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-23-51	24C. NAME OF CEMETERY OR CREMATORY Wt. Zion	24D. LOCATION (City, town, or county) (State) Baltimore to Md
DATE RECEIVED BY LOCAL REGISTRAR JUN 23 1951	REGISTRAR'S SIGNATURE <i>Wm. H. Williams</i>	25. FUNERAL DIRECTOR ADDRESS Wm. H. Williams 578a	

420
5553

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5553

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY W. SCHELHAUSE

2. DATE
OF
DEATH

June 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

605 N. Linwood Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

605 N. Linwood Avenue

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

male

white

married

March 30, 1887

64

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. R. R. Conductor

10B. KIND OF BUSINESS OR
INDUSTRY

B. & O. R. R.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry W. Schelhouse

14. MOTHER'S MAIDEN NAME

Mary E. Wagner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W. W. I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ada E. Schelhouse, 605 N. Linwood Avenue

18. 073X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Ischemic Cardiac Vascular Disease About 6 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Branch pneumonia 3 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from June 7, 1951, to June 22, 1951, that I last saw the deceased alive June 22, 1951, and that death occurred at 1240 AM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

6/25/51

Parkwood Cemetery

Parkville,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 23 1951

Washington Williams, M.D.

Am. Cook, Inc.

1217 St. Paul Street

Valley

State

1910

PAID BY THE BANK OF AMERICA
NEW YORK, N.Y.

VALLEY

COUNTY

BOND

1000000

51 5555

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5555

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Susanna Frank

2. DATE
OF
DEATH

June 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONEdmondson & North Bend Road
Hood Nursing Home4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

4902 Stafford

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

July 3, 1866

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Prince Georges County, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Amos Carrick

14. MOTHER'S MAIDEN NAME

Susanna Ryan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. William Hayden, 4902 Stafford Road

18. 4902

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Atherosclerosis C.V.D.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1951, to June 21, 1951, that I last saw the deceased alive on 6/21, 1951, and that death occurred at 6 PM, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

3325 Freshwater Ave

23C. DATE SIGNED

6/22/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6/25/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 23 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street

1217 St. Paul Street



101



VALLEY

COMPANY

BOND

135

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 5557

500
5557
BIRTH NO.

1. NAME OF DECEASED (Type or Print) MR CHARLES PYNE		2. DATE OF DEATH 6.21.51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Church Home Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2526 Stogman Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 18 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 78
13. FATHER'S NAME Mr James Pyne		11. BIRTHPLACE (State or foreign country) Baltimore MARYLAND	
15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? US	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Miss Sara Carlisle	
17. INFORMANT Patent -		ADDRESS	

18. 002 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Advanced pulmonary tuberculosis DUE TO (B) DUE TO (C) malnutrition	INTERVAL BETWEEN ONSET AND DEATH years
--	--	--

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **6/14**, 19**51**, to **6 21**, 19**51**, that I last saw the deceased alive on **6/21**, 19**51**, and that death occurred at **11.30 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE W Reed Carroll	M. D.	23B. ADDRESS CHURCH HOME HOSPITAL	23C. DATE SIGNED 6/22/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 23/51	24C. NAME OF CEMETERY OR CREMATORY Mountland Men	24D. LOCATION (City, town, or county) (State) Balds Co

DATE RECEIVED BY LOCAL REGISTRAR **JUN 23 1951** REGISTRAR'S SIGNATURE **Wmington Williams, M.D.** 25. FUNERAL DIRECTOR **Wmington Williams, M.D.** ADDRESS **2004 Calver**

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of jury	
13. Signature of witnesses		14. Signature of family		15. Signature of neighbors	
16. Signature of clergy		17. Signature of school		18. Signature of others	
19. Signature of others		20. Signature of others		21. Signature of others	
22. Signature of others		23. Signature of others		24. Signature of others	
25. Signature of others		26. Signature of others		27. Signature of others	
28. Signature of others		29. Signature of others		30. Signature of others	
31. Signature of others		32. Signature of others		33. Signature of others	
34. Signature of others		35. Signature of others		36. Signature of others	
37. Signature of others		38. Signature of others		39. Signature of others	
40. Signature of others		41. Signature of others		42. Signature of others	
43. Signature of others		44. Signature of others		45. Signature of others	
46. Signature of others		47. Signature of others		48. Signature of others	
49. Signature of others		50. Signature of others		51. Signature of others	
52. Signature of others		53. Signature of others		54. Signature of others	
55. Signature of others		56. Signature of others		57. Signature of others	
58. Signature of others		59. Signature of others		60. Signature of others	
61. Signature of others		62. Signature of others		63. Signature of others	
64. Signature of others		65. Signature of others		66. Signature of others	
67. Signature of others		68. Signature of others		69. Signature of others	
70. Signature of others		71. Signature of others		72. Signature of others	
73. Signature of others		74. Signature of others		75. Signature of others	
76. Signature of others		77. Signature of others		78. Signature of others	
79. Signature of others		80. Signature of others		81. Signature of others	
82. Signature of others		83. Signature of others		84. Signature of others	
85. Signature of others		86. Signature of others		87. Signature of others	
88. Signature of others		89. Signature of others		90. Signature of others	
91. Signature of others		92. Signature of others		93. Signature of others	
94. Signature of others		95. Signature of others		96. Signature of others	
97. Signature of others		98. Signature of others		99. Signature of others	
100. Signature of others		101. Signature of others		102. Signature of others	

230
51 5558BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5558

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIE LA COTTI

2. DATE
OF
DEATH

June 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balt. Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland Gen. Hosp.

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTRY

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

303 Pittsboro Chesaco Rd.

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

8. DATE OF BIRTH

02-17-1906

9. AGE (in years
last birthday)

44

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balt.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Greg Kotwald

14. MOTHER'S MAIDEN NAME

Elizabeth Benbenik

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Husband

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOGeneralized abd.
metastatic
Carcinoma of
ovary

12 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TOCarcinoma of
ovary

1 yr.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/10/1957 to 6/20/1957 that I last saw the
deceased alive on 6/20/1957, and that death occurred at 10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

06-25-57

OAK HILL

BALTIMORE MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 23 1951

Frank C. Vachon

FRANK VACHON 900 N. CHESTER ST

VS 150

49a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

ERG 12

STATE OF TEXAS

COUNTY OF DALLAS
CITY OF DALLAS
OFFICE OF THE
CLERK OF THE DISTRICT COURT
JAN 12 1900



654

51 5559

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5559

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Vermillion, Mrs Elenor V.

2. DATE
OF
DEATH

22 June 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1321 Linden Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION

Church Home & Hospital

Length of stay in Baltimore

61

Yrs.
Mos.
Days

5. SEX

female white

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

28 Dec 1889?

9. AGE (In years last birthday)

61?

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Wallace, James

14. MOTHER'S MAIDEN NAME

Singleton, Johanna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

212-18-0239

17. INFORMANT

ADDRESS

Elenor Vermillion 1321 Linden Ave Balt.

18. 175 x 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Ovary

unkn

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Broncho pneumonia

3 day

19A. DATE OF OPERATION

31 May

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Ovary & Metastasis

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 May, 1951, to 22 June, 1951, that I last saw the deceased alive on 21 June, 1951, and that death occurred at 650A, from the causes and on the date stated above.

23A. SIGNATURE

Dorothy S. Enberg

23B. ADDRESS

Church Home & Hosp Balt 31 May

23C. DATE SIGNED

22 June 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 23 1951

Wm. H. Williams, M.D.

Edio. Fulton 2359 Wash Blvd

VS 150

Ballo in 8
49a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of _____

City of _____

State of _____

On the _____ day of _____

19____

at _____

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 5560**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LESSIE E. M. RAMAGE

2. DATE OF DEATH **6/22/51**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. Md.**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

**St. Joseph's Hospital
1400 N. Caroline St.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
823 S. Conkling St. #24

Length of stay in Baltimore **50 yrs.**

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9/22/85

9. AGE (In years last birthday)

65

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

House Work

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Leonard Skelton

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.
217-01-1931

17. INFORMANT

Mrs. Joseph S. Ward 823 S. Conkling St.

ADDRESS

18. **290.0 and E903.0**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

Pernicious anemia

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture left humerus

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☒

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

823 S. Conkling St.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

5-17-51

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped & fell to floor

22. I hereby certify that I attended the deceased from **5/18/51**, 19**51**, to **6/22/51**, 19**51**, that I last saw the deceased alive on **6/22/51**, 19**51**, and that death occurred at **12:50 AM** from the causes and on the date stated above.

23A. SIGNATURE

Maddeus Siwinski

M. D.

23B. ADDRESS

1100 N. Caroline St.

23C. DATE SIGNED

June 22, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 25 1951

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park National Cem.

24D. LOCATION (City, town, or county)

3445 Frederick Ave.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 23 1951

REGISTRAR'S SIGNATURE

Walter J. Williams, Jr.

25. FUNERAL DIRECTOR

Charles S. Zeiler

ADDRESS

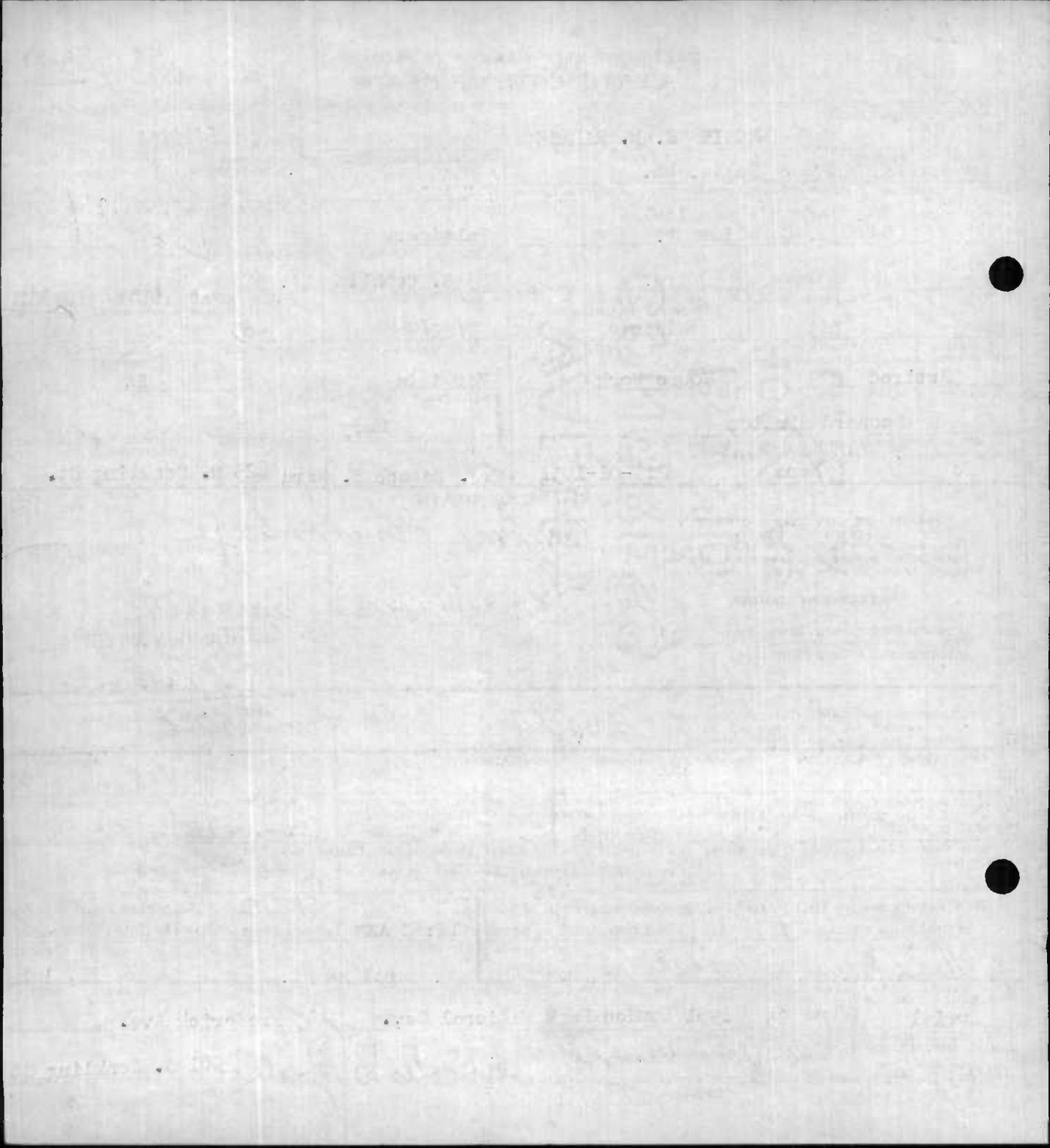
901 S. Conkling St.

VS 150

N-812.0

7208A

83a



632
51 5561BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5561

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		GEORGE FOERTSCHBECK		June 21, 1951.	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		5. AGE (in years last birthday)	
A. Baltimore City, Maryland 3410 Elliott St.		A. STATE Md.		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)	
HOSPITAL OR INSTITUTION		Baltimore		3410 Elliott St.	
Length of stay in Baltimore		Life		Yrs. Mos. Days	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Male		White		Widowed	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
Watchman		Food Fair Stores		October 1, 1900	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		9. AGE (in years last birthday)	
John Foertschbeck		Margaret Reissig		50	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY?	
No				U.S.A.	
18. 592X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO		(A) Chronic Glaucoma Myopia		?	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Hypertension		?	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from June 1, 1951, to June 21, 1951, that I last saw the deceased alive on June 18, 1951, and that death occurred at 12:04 A.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Jason W. Gaskel		637 S. Conkling St.		June 21, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		June 25 1951		Sacred Heart Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
JUN 23 1951		Thurston Williams, M.D.		4701 German Hill Rd. Ba. Co. Md.	
VS 150		76353		131B	

10-11-50

10-11-50

10-11-50

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10-11-50

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10-11-50

10-11-50

10-11-50

10-11-50

150 51 5562

51 5562

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WOLF LEVIN

2. DATE
OF
DEATH

6-23-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Levindale Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-04

D. STREET ADDRESS (If rural, give location)

2021 Ruxton Ave

Length of stay in Baltimore

47 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

1870

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor Coat Operator

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Aaron Issac Levin

14. MOTHER'S MAIDEN NAME

Sarah ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Minnie A Levy, 2021 Ruxton Ave

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Pneumonia

4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cerebral thrombosis

1 week

DUE TO

(C)

arteriosclerosis

years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13⁴⁰ 19⁴⁹, to 6-23, 19⁵¹, that I last saw the
deceased alive on 6-23, 19⁵¹, and that death occurred at 8⁴⁰ p.m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

M. D.

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

6-23-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 24, 1951

24C. NAME OF CEMETERY OR CREMATORY

Ohel Yakov Cemetery

24D. LOCATION (City, town, or county)

Herring Run Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25 FUNERAL DIRECTOR

ADDRESS

Sol Levine & Bros. - 1124 - 26 W.

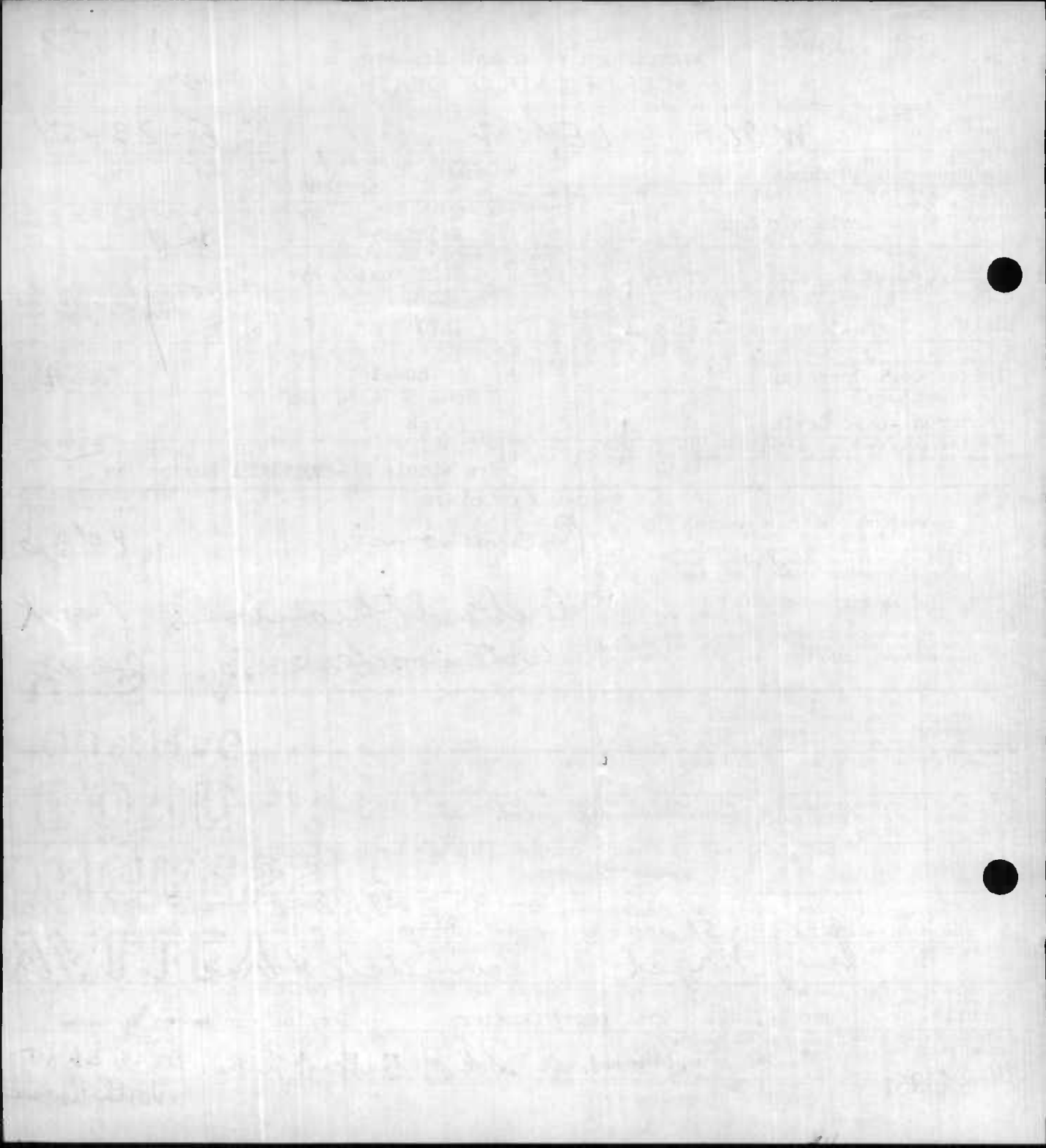
North Avenue

JUN 24 1951

VS 150

83B

MEDICAL CERTIFICATION



620 51 5563

51 5563

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

SOPHIA HARRIS

2. DATE
OF
DEATH

6-22-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3611 Dennylyn Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 6-04

Length of stay in Baltimore

35

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1910 E. Baltimore St

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harry

14. MOTHER'S MAIDEN NAME

Loma

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Louis Harris - 1910 E. Baltimore St

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Degenerative Cardio-vascular
Renal disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

with arteriosclerosis
and hypertension

(C) DUE TO

Coronary Artery Disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 7, 1951 to June 22, 1951, that I last saw the deceased alive on June 21, 1951, and that death occurred at 7 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1109 N. Calvert St

6-22-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6-24-51

Adas Israel

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

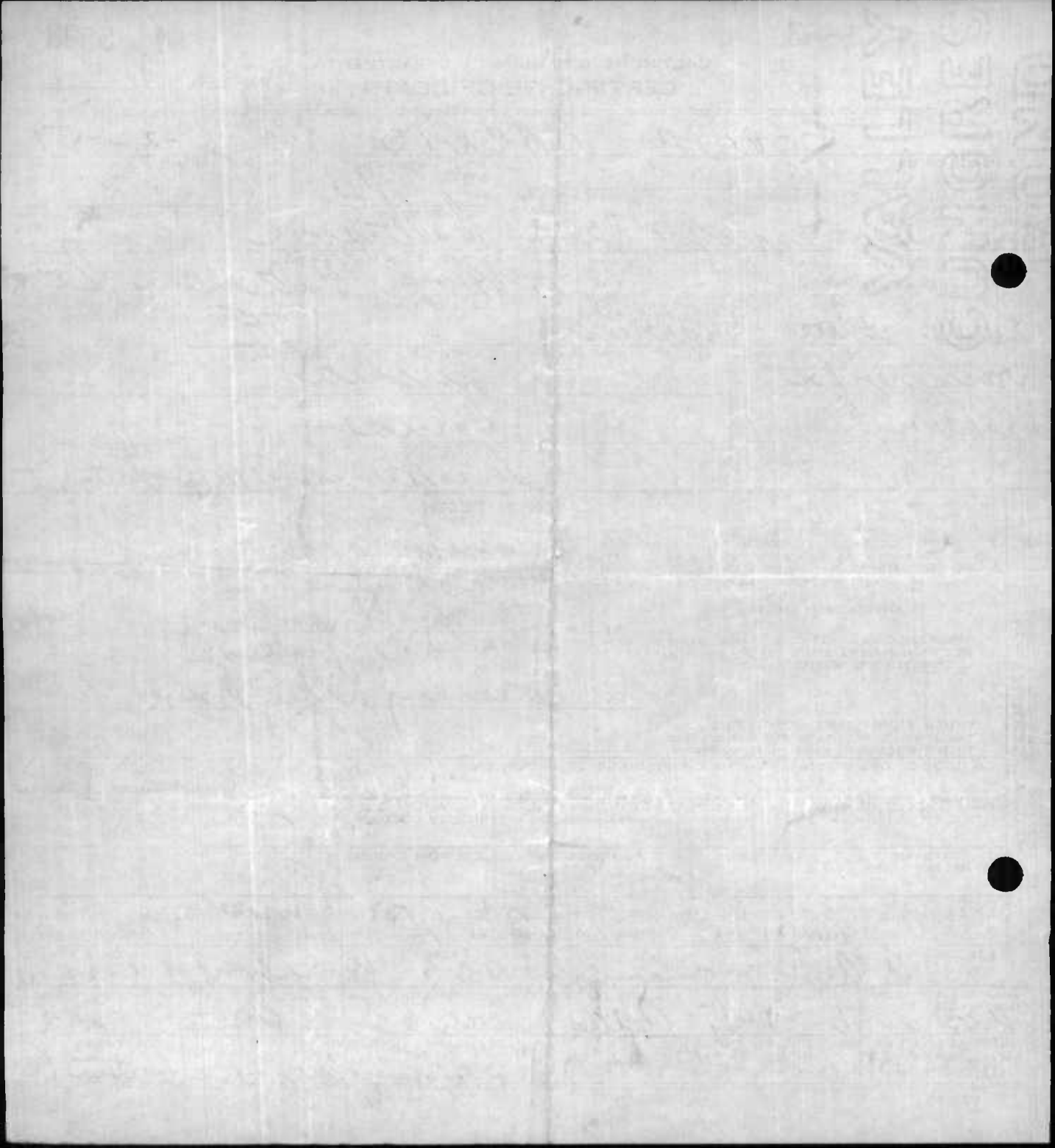
25. FUNERAL DIRECTOR

ADDRESS

JUN 24 1951

[Signature]

Jack Lewis Inc 2100 Eutaw Pl



620 51 5564

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5564
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Robert Meyers

2. DATE
OF
DEATH

June 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

13 Baltimore 15-13
4137 Park Heights Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) Under 1 Year If Under 24 Hours
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

13. 445-X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Malignant hypertension

5 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Sympathectomy, thoracic, bilateral

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

5/21/51 6/11/51

None

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5-9-1951 to 6-23-1951, that I last saw the deceased alive on 6-23-1951, and that death occurred at 11:45 a. m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Quintan F. Kupper, Jr. M. D.

JOHNS HOPKINS HOSPITAL

6/23/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6-24-51

Bnai Israel

Baltimore

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 24 1951

Wilmington, Delaware

Jack Lewis 2100 Canton St

THEY ARE NOT THE SAME

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

51 5565

51 5565

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frankenstein, BABY GIRL "B"

2. DATE
OF
DEATH

6-22-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4007 Reisterstown Rd

Length of stay in Baltimore

28 hrs

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Infant

8. DATE OF BIRTH

6/21-51

9. AGE (In years last birthday)

If Under 1 Year

Months: Days

1

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Eric Frankenstein

14. MOTHER'S MAIDEN NAME

unborn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Eric Frankenstein 4007 Reisterstown Rd

18. 762.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

PREMATURITY

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ATELECTASIS

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

28 hours

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-21, 1951 to 6-22, 1951, that I last saw the deceased alive on 6-22, 1951, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Judith Landau

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

6-23-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL, CREMATION, REMOVAL (Specify)

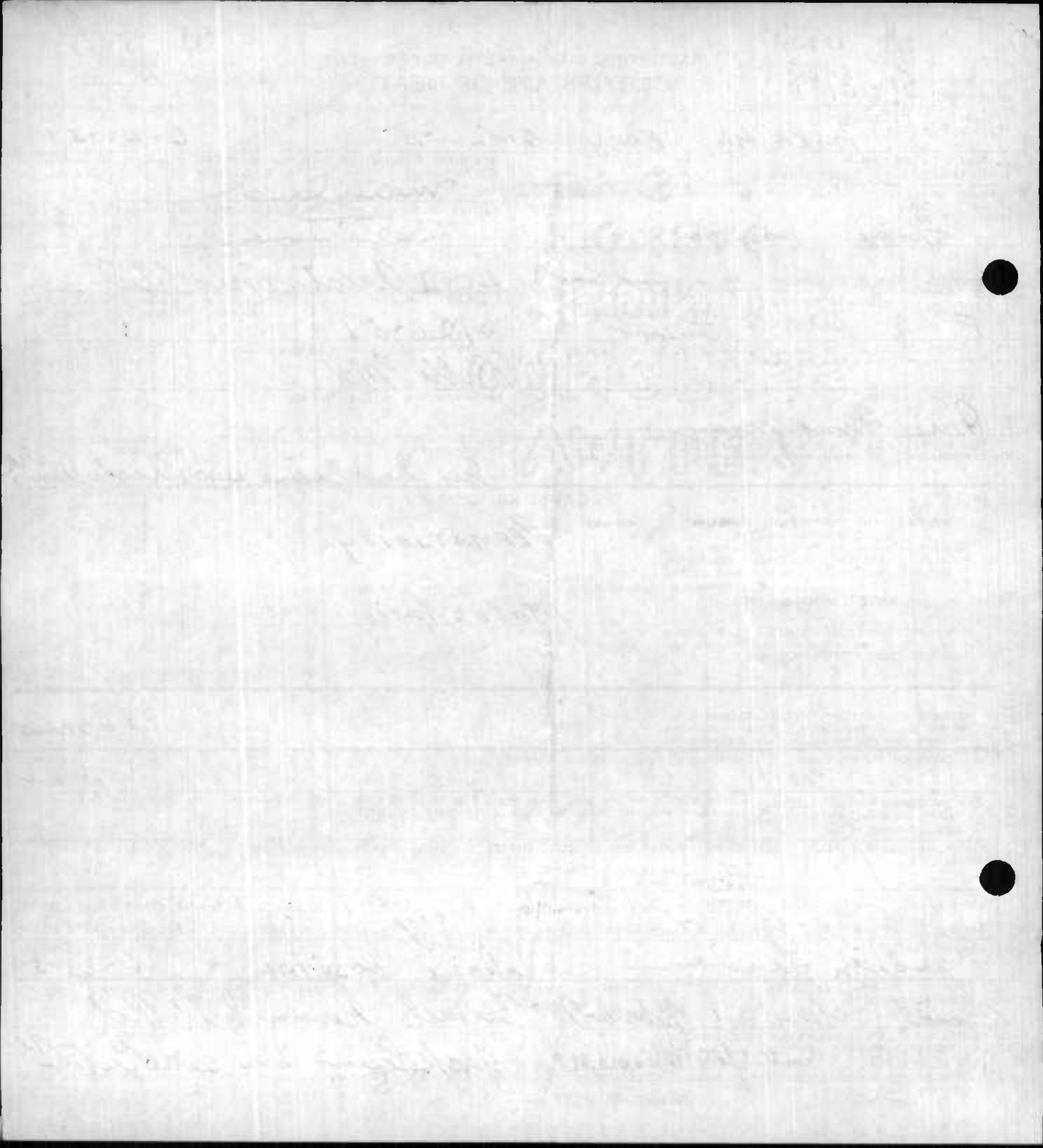
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial 6/24/51 Hebrew W* Carmel Hinner Hill Rd
JUN 24 1951
Tunington Williams, Jr.
Jaskiewicz Sam 2000 Cutaw Pl



200 51 5566

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5566
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CECIL ROSS

2. DATE
OF
DEATH

June 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1108 W BALTIMORE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 14, 1899

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Did not work

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

First name unknown

14. MOTHER'S MAIDEN NAME

Oda McCauley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

1108 W Baltimore St. Baltimore

18. 002 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

PULMONARY TUBERCULOSIS
WITH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

TUBERCULOUS PNEUMONIA

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

FATTY LIVER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy + Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Duncanson M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 24, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

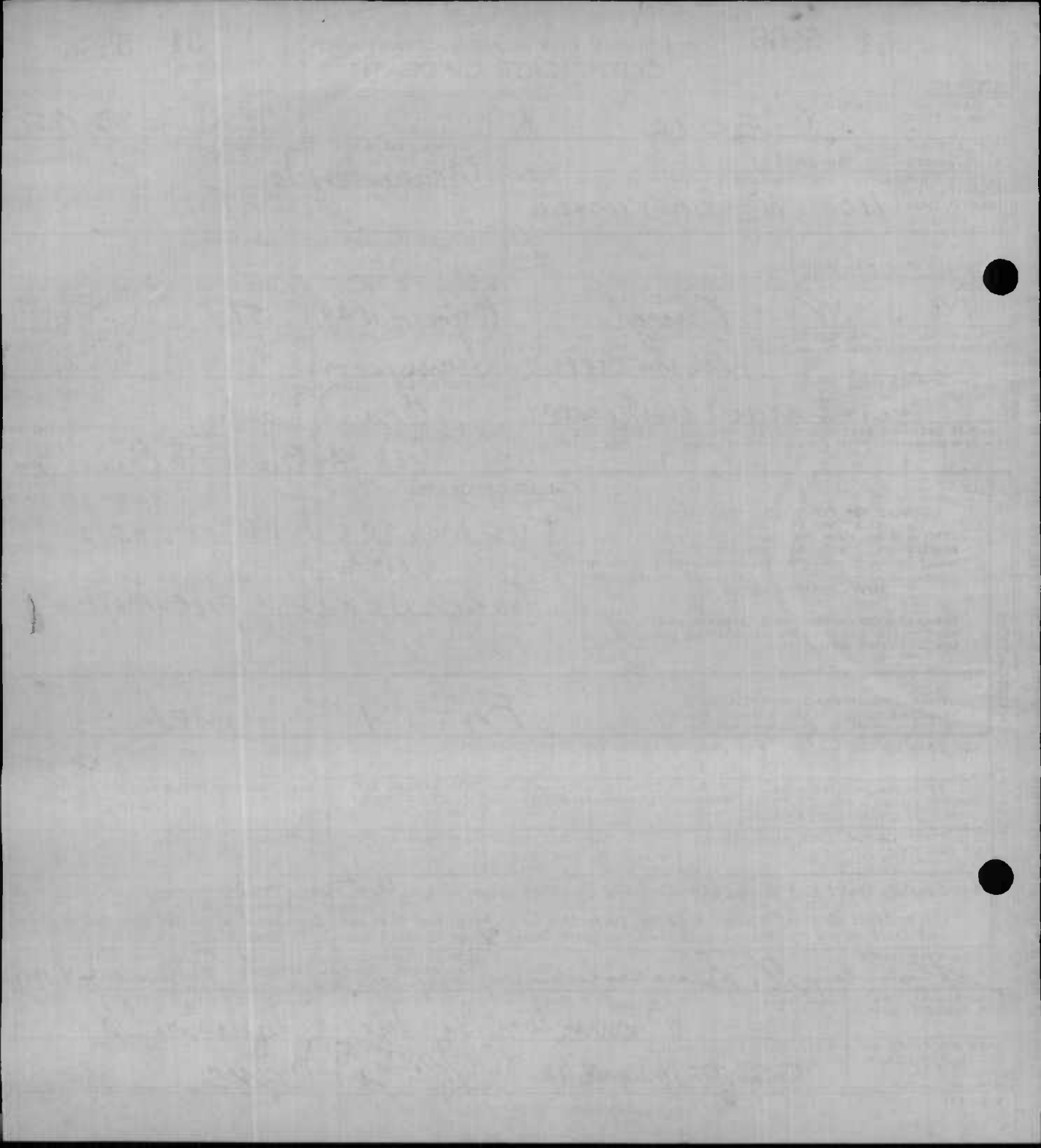
25. FUNERAL DIRECTOR

ADDRESS

JUN 24 1951

T. H. Williams, M.D.

J. H. Cook, Jr.



320

51 5567

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5567

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida June Fitch

2. DATE
OF
DEATH

6/21/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

21-01

D. STREET ADDRESS (If rural, give location)

1236 S. Ridgely St. 1236 S. Ridgely St.

5. SEX

Female

6. COLOR OR RACE

Caucasian Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

3/10

9. AGE (in years
last birthday)

53

10. UNDER 1 Year
Months: Days

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR
INDUSTRY

Domestic

13. FATHER'S NAME

Bodley Sparrow

14. MOTHER'S MAIDEN NAME

Mary J. Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

James J. Carter 1236 Ridgely St.

ADDRESS

18. 443 x 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral vascular hemorrhage 9 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive cardio vascular disease years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from June 12, 1951, to June 21, 1951, that I last saw the
deceased alive on 6-21, 1951, and that death occurred at 10:38 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Martin del Campo

M. D.

23B. ADDRESS

1213 Light St Balto. Md.

23C. DATE SIGNED

6-21-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/25/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Tunington Williams, M.D.

25. FUNERAL DIRECTOR

Elroy Wilson 1101 Brantley Ave

ADDRESS

JUN 24 1951

VS 150

7208A

93D

Correct age is especially important. Informants, please write the causes of death and manner.

MEDICAL CERTIFICATION

1803

Pen

pl. att. n. d.

Learned and skilled

Learned

Learned and skilled

1803

-620
51 5568BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5568

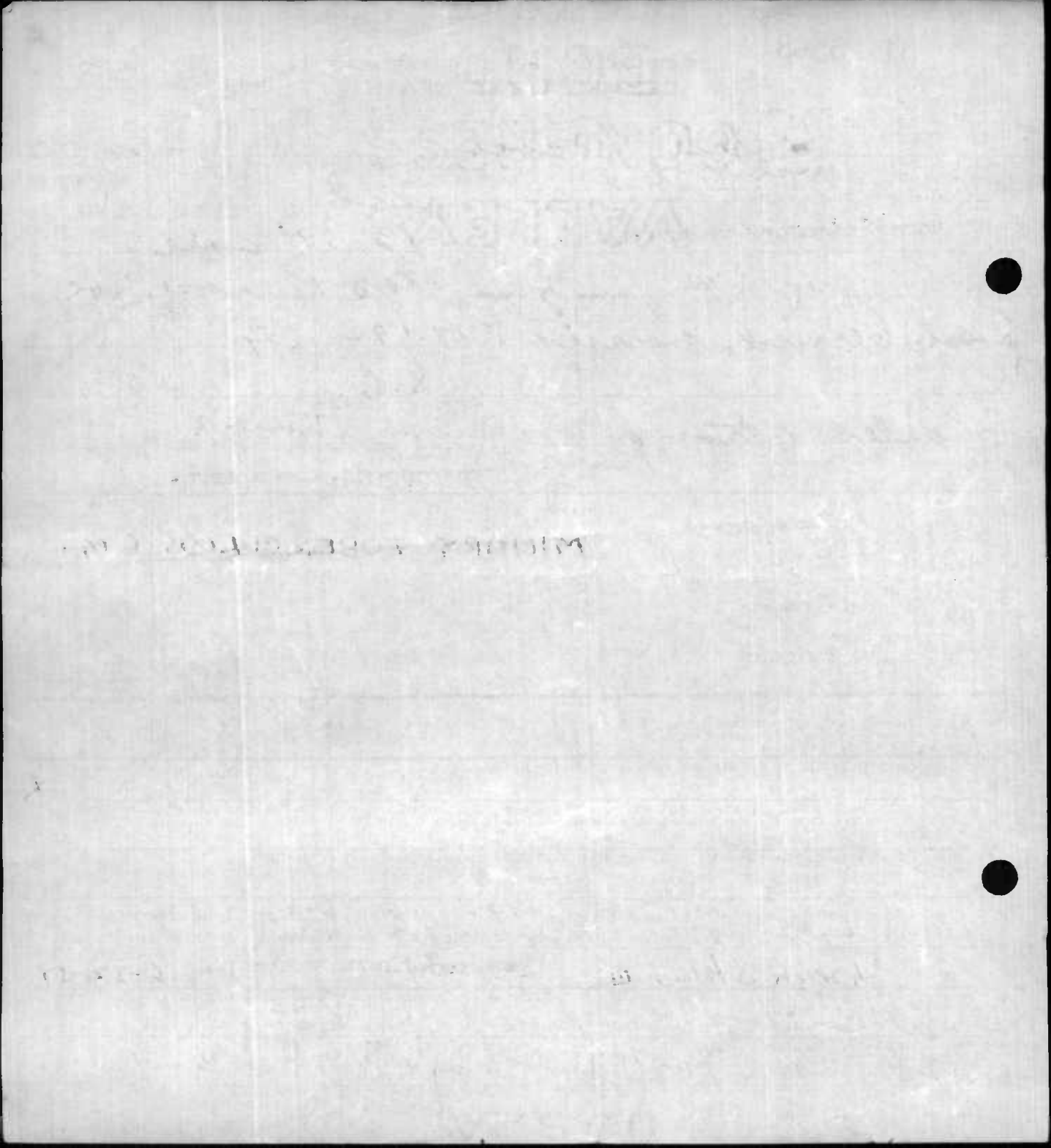
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Carrie Brice</i>		2. DATE OF DEATH <i>June 22, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>md. Cal 4</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>50-01</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>THE JOHN'S HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
Length of stay in Baltimore <i>1 yr.</i>		D. STREET ADDRESS (If rural, give location) <i>1803 Penrose Ave</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>5-17-1922</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>59</i>
10. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		11. BIRTHPLACE (State or foreign country) <i>S.C.</i>	
12. FATHER'S NAME <i>Charles Strong</i>		13. MOTHER'S MAIDEN NAME <i>Fanny Strong?</i>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		15. SOCIAL SECURITY NO.	
16. INFORMANT <i>THE JOHN'S HOPKINS HOSPITAL</i>		ADDRESS	

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>019.2 I</i> <i>MILIARY TUBERCULOSIS</i>	INTERVAL BETWEEN ONSET AND DEATH <i>6 Mo</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-19-51</i> , to <i>6-22-51</i> , that I last saw the deceased alive on <i>6-22-51</i> , and that death occurred at <i>11:20 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Joseph Stokes M.D.</i>		23B. ADDRESS <i>THE JOHN'S HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>6-22-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>6-27-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>West Sembley</i>	
24D. LOCATION (City, town, or county) (State) <i>Chesster S.C.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>6-24-51</i>		24F. REGISTRAR'S SIGNATURE <i>Wm. H. Williams</i>	
24G. FUNERAL DIRECTOR <i>Clayton Wilson</i>		24H. ADDRESS <i>1000 Brantley Ave</i>			



B330

51 5569

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5569

MD-143300

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Patricia Rose DeTota

2. DATE
OF
DEATH

June 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Baltimore City Hospitals

4940 Eastern Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

408 S. Exeter St. (2)

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 9, 1946

9. AGE (In years
last birthday)

4

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Anthony John DeTota

14. MOTHER'S MAIDEN NAME

Irene Cecelia Uzarowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 010X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Tuberculous Meningitis

8 Mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 11-12, 1950 to 6-22, 1951, that I last saw the
deceased alive on 6-22, 1951, and that death occurred at 1 p.m., from the causes and on the date stated above.

23A. SIGNATURE

A.S. Rogers

M.D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

6-22-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 25 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Eastern Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

FUNERAL DIRECTOR

ADDRESS

322 S. High St.

JUN 24 1951

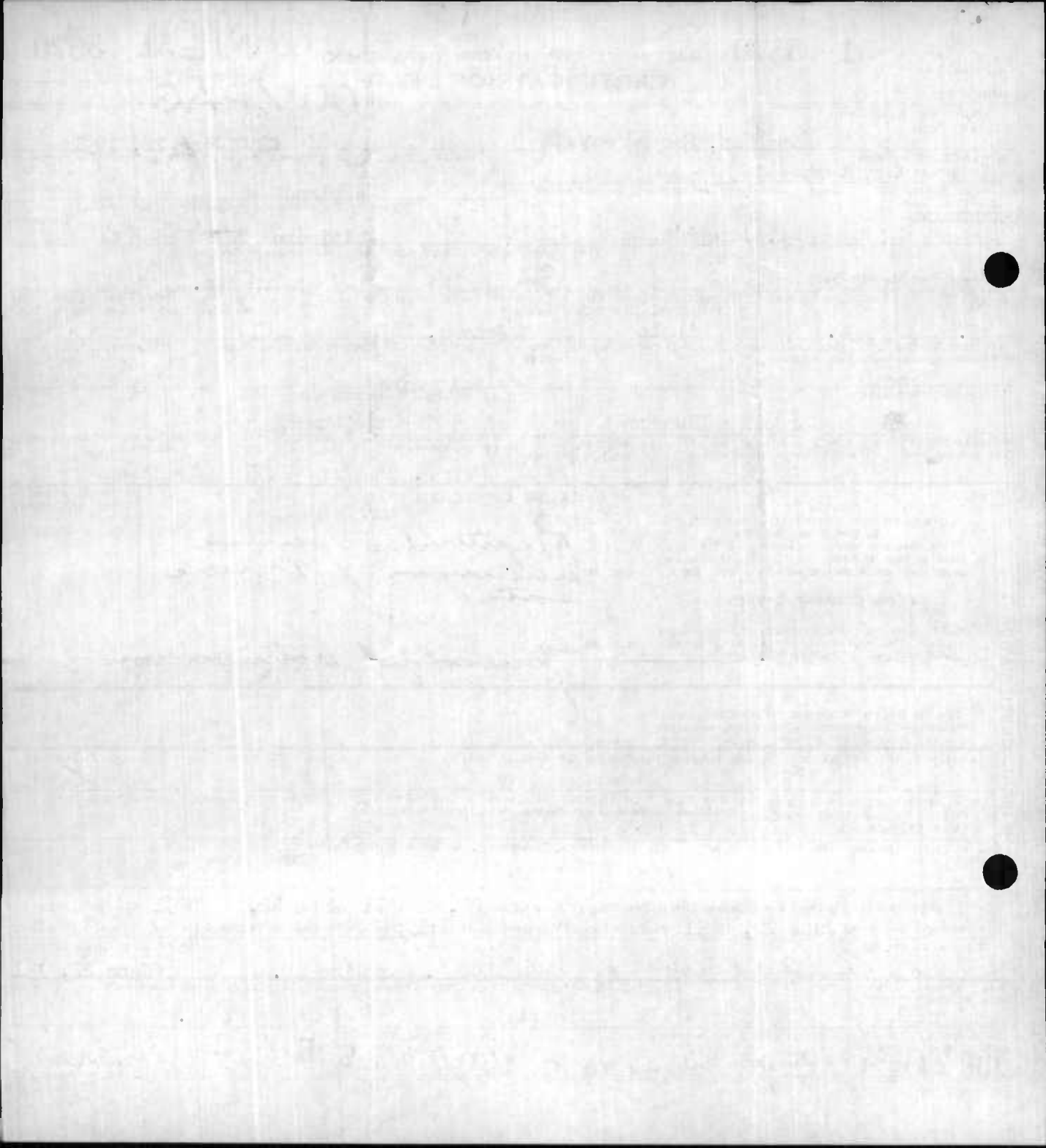
VS 150

14

CA 1576

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 5570		BALTIMORE CITY HEALTH DEPARTMENT		51 5570	
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO.				2. DATE OF DEATH <u>June 22, 1951</u>	
1. NAME OF DECEASED (Type or Print) <u>Sheehan, Mary Theresa</u>				4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's</u>				O. STREET ADDRESS (If rural, give location) <u>2405 Roslyn Ave.</u>	
Length of stay in Baltimore <u>81</u> Yrs. Mos. Days				8. DATE OF BIRTH <u>June 4, 1870</u>	
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		9. AGE (In years last birthday) <u>81</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?		14. MOTHER'S MAIDEN NAME <u>Mary Theresa Corrigan</u>	
13. FATHER'S NAME <u>Cornelius Sheehan</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>John J. Sheehan</u>		ADDRESS <u>2405 Roslyn Avenue</u>		18. <u>451X I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Ruptured Saccular aneurysm of Thoracic aorta</u> CAUSE OF DEATH (A) <u>Ruptured Saccular aneurysm of Thoracic aorta</u> (B) <u>Generalized Arteriosclerosis</u> (C) <u>Generalized Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <u>7</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 22, 1951</u> , to <u>June 22, 1951</u> that I last saw the deceased alive on <u>June 22, 1951</u> and that death occurred at <u>5:35 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>D. Andrew Alecca</u>		23B. ADDRESS <u>1400 N. Caroline St.</u>		23C. DATE SIGNED <u>June 22, 1951</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>6/26/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>	
24D. LOCATION (City, town, or county) <u>Baltimore, Md.</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 24 1951</u>		24F. REGISTRAR'S SIGNATURE <u>William H. Williams</u>	
24G. FUNERAL DIRECTOR <u>W. H. Williams</u>		24H. ADDRESS <u>515 N. Calver St.</u>		24I. VS 150	



620 51 5571

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5571
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARTHA JOHNSON SEARS		2. DATE OF DEATH 6/21/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1211 W Franklin St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 18-02	
Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 1211 W. FRANKLIN ST	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 7/1/1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	9. AGE (In years last birthday) 74
13. FATHER'S NAME ROBERT LaGREE		11. BIRTHPLACE (State or foreign country) BALTO. MD.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME PRISCILLA	
17. INFORMANT EDITH BURKE-1211 W. FRANKLIN ST.		ADDRESS	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Hypertension DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 6-21-51 6/14/51			
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION None	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-14 , 19 51 , to 6-21 , 19 51 , that I last saw the deceased alive on 6-21 , 19 51 and that death occurred at 8:45 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE Henry B. Nelson, M.D.		23B. ADDRESS 1131 Harlem Avenue	
23C. DATE SIGNED 6-23-51			
24A. BURIAL, CREMA- TION, REMOVAL (Specify) BURIAL		24B. DATE 6/24/51	
24C. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM'L. PK. BA: LTO. COUNTY, MD.		24D. LOCATION (City, town, or county) (State) BALTIMORE	
DATE RECEIVED BY LOCAL REGISTRAR JUN 24 1951		REGISTRAR'S SIGNATURE Wm. G. Cooper	
25. FUNERAL DIRECTOR Charles G. Cooper		ADDRESS 512 Carrollton Ave.	

MEDICAL CERTIFICATION

COPIES
LETTER

7
16
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16
AN 55

51 5572

51 5572

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary A. Neubert

2. DATE
OF
DEATH

June 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

414 N. Linwood Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

414 N. Linwood Ave.

E. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 21, 1865

9. AGE (In years,
last birthday)

85

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Peter Welsh

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Marion McCourt 414 N. Linwood Av

18. 442X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Coronary Sclerotic Lesions Vascular
Renal Disease*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO
(C) _____II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH4 months
?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 17, 1951 to June 21, 1951, that I last saw the
deceased alive on June 21, 1951, and that death occurred at 3000 E. Balto. St. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6/25/51

Holy Redeemer Cem.

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

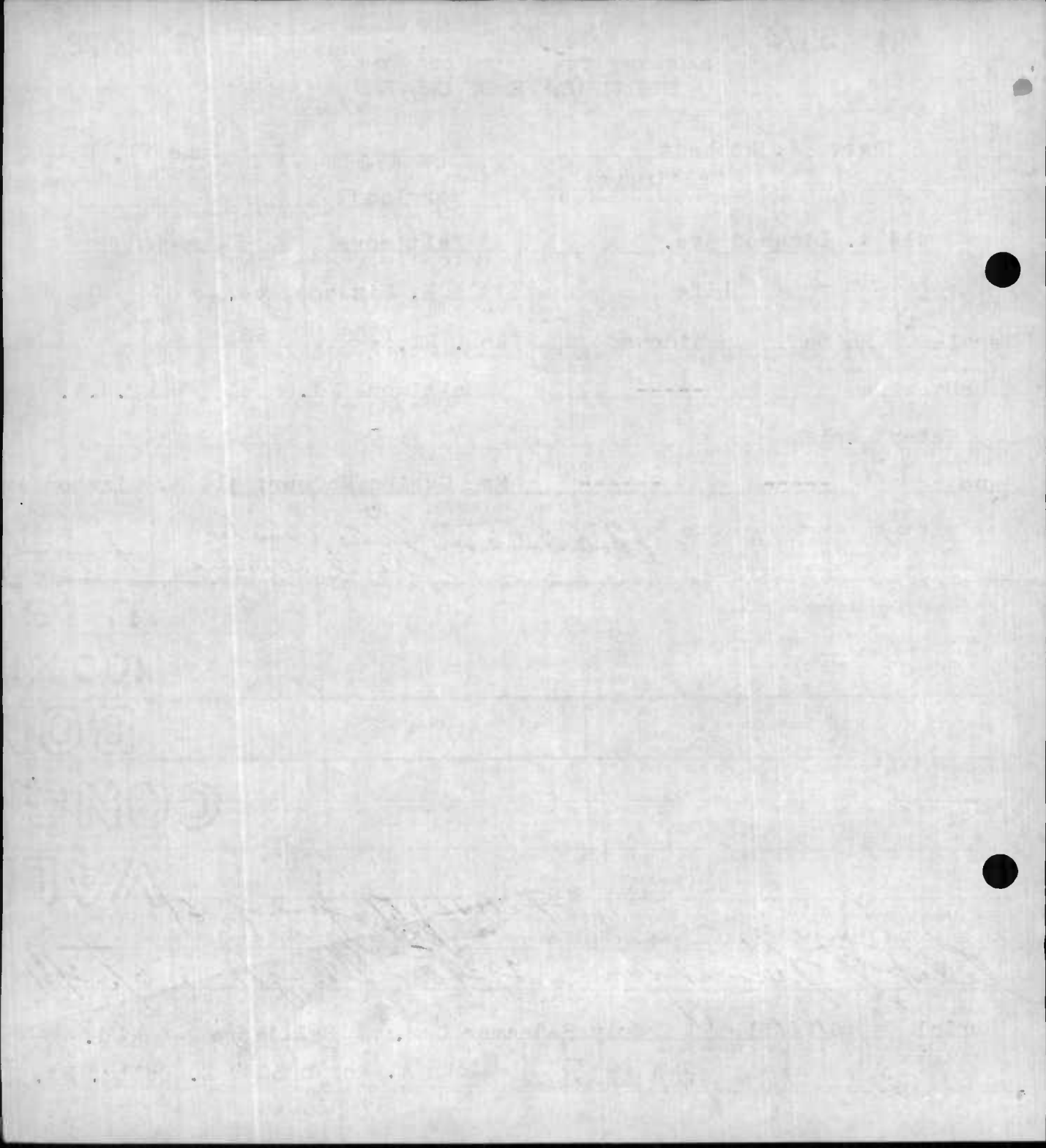
JUN 24 1951

VS 150

John A. Moran 3000 E. Balto. St.

131a

MEDICAL CERTIFICATION



51 5573

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5573

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*(Archetta A. Kemper)*
Mrs. Archetta Kemper2. DATE
OF
DEATH

6-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **La** B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Md. 1909 E. Lafayette Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, Md.D. STREET ADDRESS (If rural, give location)
1909 E. Lafayette Ave.

Length of stay in Baltimore

31 years

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday) If Under 1 Year If Under 24 Hours
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Ave.
Mr. Joseph Fleming 1909 E. Lafayette18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)CAUSE OF DEATH
(A) **Myocardial Infarction** 7 days
DUE TO
Arteriosclerosis of Coronaries

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-17, 1951, to 6-24, 1951, that I last saw the deceased alive on 6-23, 1951, and that death occurred at 5:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

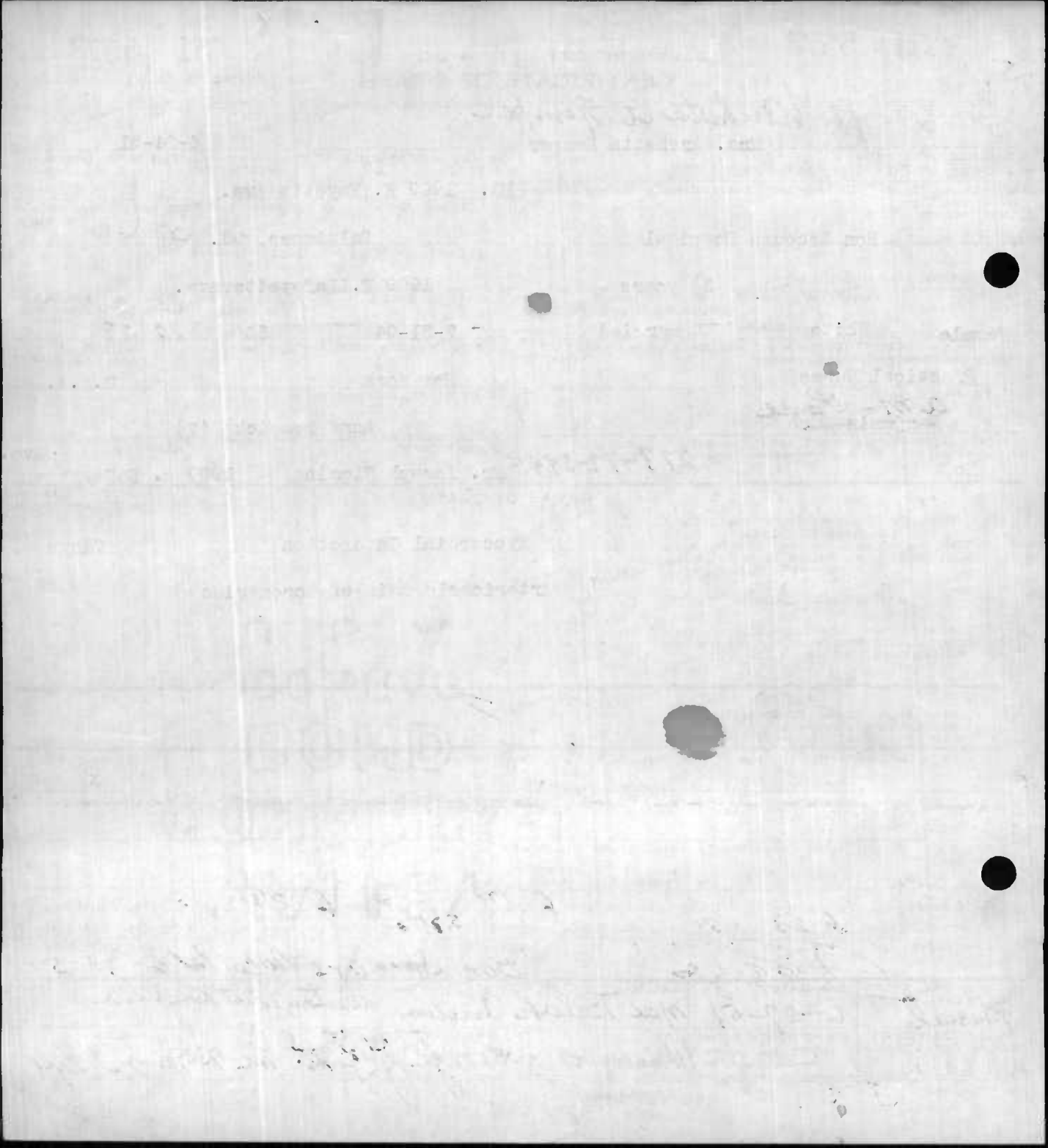
25. FUNERAL DIRECTOR

ADDRESS

JUN 24 1951

Tunington Williams, Jr.

George J. Ruth Inc-1235 Stanford Ave



51 5574

51 5574

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Rev. Mother Juliana Powers

2. DATE
OF
DEATH

6-22-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. - 20-01

7. STREET ADDRESS (If rural, give location)

2000 W. Baltimore St.

8. SEX

Female

9. COLOR OR RACE

White

10. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

11. DATE OF BIRTH

April 11, 1874

12. AGE (in years

last birthday)

13. Under 1 Year

Months: Days

14. Under 24 Hours

Hours: Min.

15A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Religious

15B. KIND OF BUSINESS OR INDUSTRY

16. BIRTHPLACE (State or foreign country)

Ireland.

17. CITIZEN OF WHAT COUNTRY?

U.S.

18. FATHER'S NAME

Patrick Powers

19. MOTHER'S MAIDEN NAME

Bridget Hayes

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

21. SOCIAL SECURITY NO.

22. INFORMANT

Convent Records

23. ADDRESS

24. 174X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uterine bleeding

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Adenocarcinoma of Uterus

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arterial hypertension

25. DATE OF OPERATION

5-14-51

26. MAJOR FINDINGS OF OPERATION

Endometrial carcinoma.

27. AUTOPSY?

YES ☐ NO ☒

28. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

29. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

30. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

31. TIME (Month) (Day) (Year) (Hour) OF INJURY

32. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

33. HOW DID INJURY OCCUR?

34. I hereby certify that I attended the deceased from 5-13, 1951, to 6-22, 1951, that I last saw the deceased alive on 6-22, 1951, and that death occurred at 11:35 a.m., from the causes and on the date stated above.

35. SIGNATURE

Razys

M. D.

36. ADDRESS

Bon Secours Hospital

37. DATE SIGNED

6-22-51

38. BURIAL, CREMATION, REMOVAL (Specify)

Burial

39. DATE

6-25-51

40. NAME OF CEMETERY OR CREMATORY

Cathedral Cems

41. LOCATION (City, town, or county)

Brets.

(State)

Ind.

42. DATE RECEIVED BY LOCAL REGISTRAR

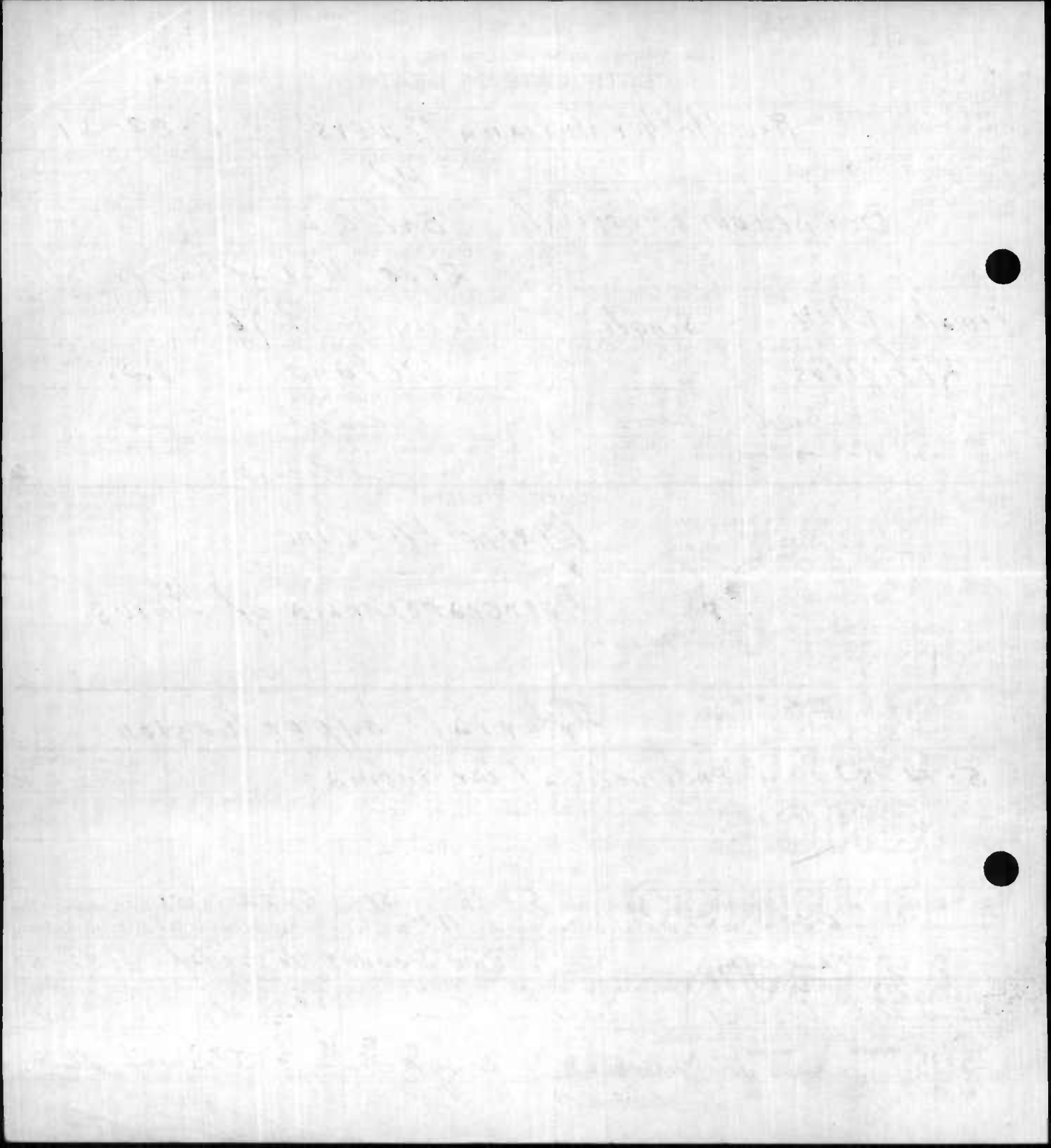
43. REGISTRAR'S SIGNATURE

Walter H. Williams, M.D.

44. FUNERAL DIRECTOR

Seymour J. Sussman, Baltimore, Md.

45. ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5575
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE JOSEPH STEINACKER			2. DATE OF DEATH 6-21-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 529 S. BENTLAW ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-05		
D. STREET ADDRESS (If rural, give location) 529 S. BENTLAW ST.			E. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUG. 5, 1905		9. AGE (In years last birthday) 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRILL PRESS OPER. RET.			10B. KIND OF BUSINESS OR INDUSTRY WESTINGHOUSE		11. BIRTHPLACE (State or foreign country) MD.
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME ALVIN P. - (DECEASED)		
14. MOTHER'S MAIDEN NAME JULIA TUTTLE			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES		
16. SOCIAL SECURITY NO. W. W. II			17. INFORMANT ADDRESS Julia Steinacker - 529 S. Bentlaw St.		

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH unknown
(A) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myocarditis		
(B) DUE TO		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
(C)		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1, 1951 , to June 21, 1951 , that I last saw the deceased alive on June 20, 1951 , and that death occurred at 7 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert H. Nitch		23B. ADDRESS M. D. 2151 W. Wetmore Ave		23C. DATE SIGNED 6/23/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-25-51		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		24E. FUNERAL DIRECTOR ADDRESS George S. Shiley, Inc. 1101 E. Fayette St.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1951		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		VS 150 6903M	

MEDICAL CERTIFICATION

Correct age is 45. Important. Physicians: please write the cause of death clearly and legibly.

12B

51 5576

51 5576

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Cover, Mary</i>		2. DATE OF DEATH <i>June 21, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Balto City</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hospital for the Women of Maryland</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>27-18</i>	
6. LENGTH OF STAY IN BALTIMORE <i>1</i>		D. STREET ADDRESS (If rural, give location) <i>5206 Elmer Ave</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>May 11, 1874</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>1st W</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	
13. FATHER'S NAME <i>Zachariah Umphrey</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Wilhelm</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>1st</i>		ADDRESS	

18. <i>450.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Massive Gastro-intestinal hemorrhage</i>	CAUSE OF DEATH (A) <i>eroded gastric vessel</i> (B) <i>stomach undetermined</i> (C) <i>Probably due to Arteriosclerosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 wk</i> <i>1 wk.</i> <i>P</i>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive cardio-vascular disease</i>		<i>?</i>

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>June 13, 1951</i>	19B. MAJOR FINDINGS OF OPERATION <i>Exploratory lap for GI bleeding; no primary site seen</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 3, 1951* to *June 21, 1951*; that I last saw the deceased alive on *June 21, 1951* and that death occurred at *10 P* m., from the causes and on the date stated above.

23A. SIGNATURE <i>E. T. Bennett</i>	23B. ADDRESS <i>Woman's Hospital</i>	23C. DATE SIGNED <i>June 21</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 25/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Pleasant Hill</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Co. Md.</i>
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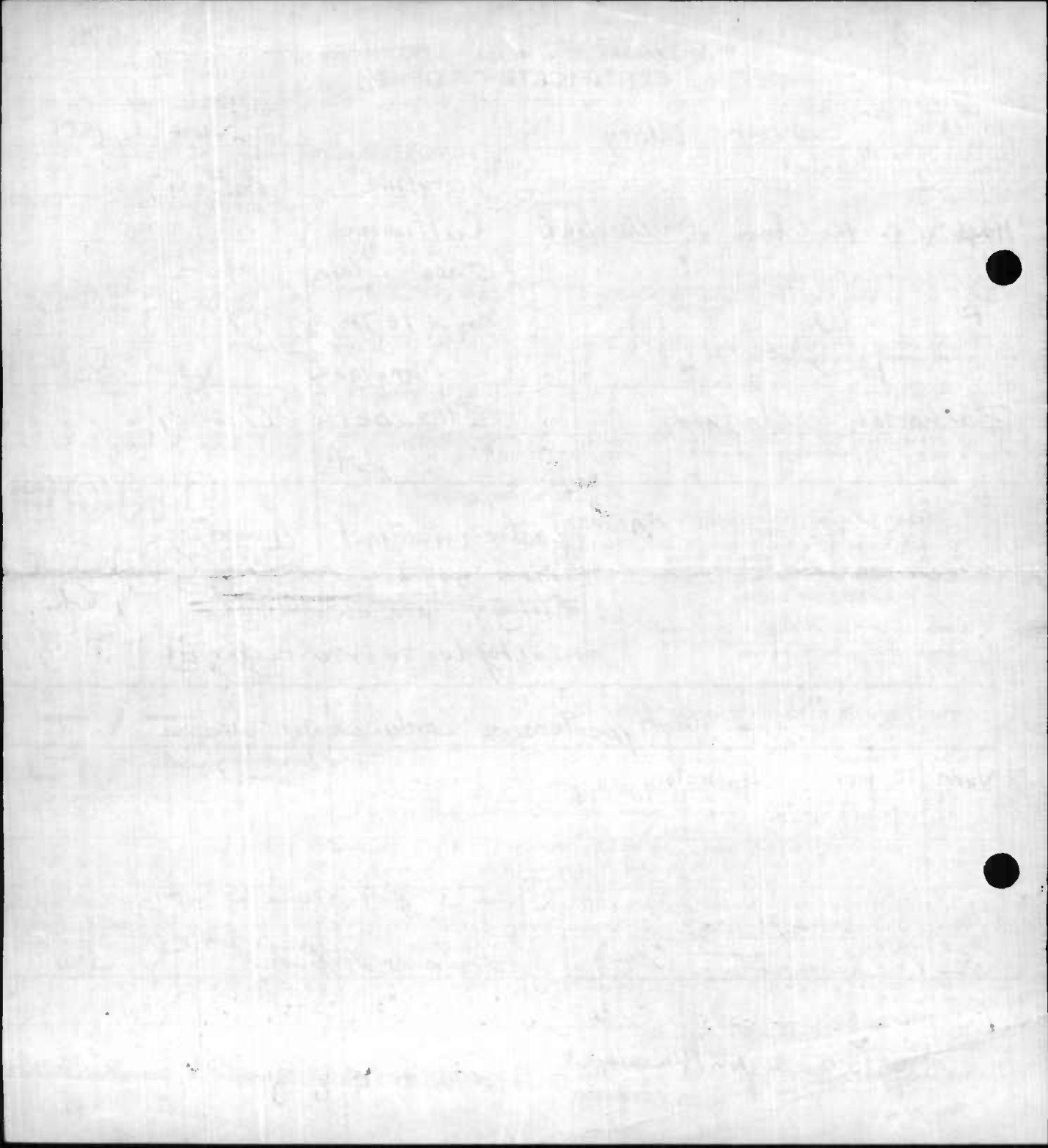
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 25 1951</i>	REGISTRAR'S SIGNATURE <i>Wilmington Williams</i>	25. FUNERAL DIRECTOR <i>Loring Byers</i>	ADDRESS <i>5005 E. J. Highway</i>
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VS 150

8568

935

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



51 5577

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5577

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Lena Mae Carr**2. DATE
OF
DEATH**6-24-51**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
W. Virginia

B. COUNTY

V-45B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**U.S. Marine Hospital Baltimore Md.**

C. CITY OR TOWN

Sully

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

unknown

5. SEX

female

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**married**

8. DATE OF BIRTH

May 24, 18869. AGE (In years
last birthday)**64**H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**housewife**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

W. Virginia12. CITIZEN OF
WHAT COUNTRY?**USA**

13. FATHER'S NAME

William Ault

14. MOTHER'S MAIDEN NAME

Virginia Bonner15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.**none**

17. INFORMANT

Hospital records

ADDRESS

18.

180 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) **Adenocarcinoma of the right kidney
with metastases to lungs and brain**

DUE TO

**Oct, 49
1 1/2 years**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

October 1949

19B. MAJOR FINDINGS OF OPERATION

adenocarcinoma kidney- right nephrectomy

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **October**, 19 **49**, to **June 24**, 19 **51**, that I last saw the
deceased alive on **June 24**, 19 **51**, and that death occurred at **8:00P** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

U.S. Marine Hospital, Balto. Md. 6-24-51

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 25 1951

VS 150

52a

correct age is especially important. Physicians, please write the causes of death and region

MEDICAL CERTIFICATION

June 1960

W. Virginia

Eastern Mountain

W. Virginia

W. Virginia

W. Virginia

W. Virginia

W. Virginia

W. Virginia

W. Virginia

W. Virginia

W. Virginia

W. Virginia

W. Virginia

W. Virginia

W. Virginia

W. Virginia

W. Virginia

W. Virginia

H-560

51 5578

51 5578

AB-149529

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Jesse Bell Henry

2. DATE
OF
DEATH

6-19-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 22-02D. STREET ADDRESS (If rural, give location)
506 S. Paca St. zone 30 W

Length of stay in Baltimore

11 yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Aug. 3- 1934

9. AGE (In years last birthday)

16

If Under 1 Year Months: Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frank Henry

14. MOTHER'S MAIDEN NAME

Frances Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18.

002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Military Tuberculosis

2 mos.

DUE TO

ANTECEDENT CAUSES

Lung involved

(over)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-18-1951 to 6-19-1951 that I last saw the deceased alive on 6-19-1951 and that death occurred at 10.30PM from the causes and on the date stated above.

23A. SIGNATURE

J. C. Hogan

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

6-22-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-20-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. C. Hogan

25. FUNERAL DIRECTOR

ADDRESS

1313 W. Hemlock St.

JUN 25 1951

VS 150

1313

MEDICAL CERTIFICATION

From: Bureau of Tbc - BCID

6/26/51

ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ANNA E. SUCHANEK		2. DATE OF DEATH 6/23/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2520 HARBOR RD		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO 9-07	
D. STREET ADDRESS (If rural, give location) 2520 HARBOR AVE			
5. SEX F. 6. COLOR OR RACE WHT 7. SINGLE, MARRIED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 12/23/1892 9. AGE (In years last birthday) 58 10. Under 1 Year Months: Days 6 11. Under 24 Hours Hours: Min. _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) BALTO MD		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME GEO. MAIERS		14. MOTHER'S MAIDEN NAME KUNGUNA KELVER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT G. SUCHANEK		ADDRESS 2520 HARBOR AVE	

18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Bright's disease		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 1 yr
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

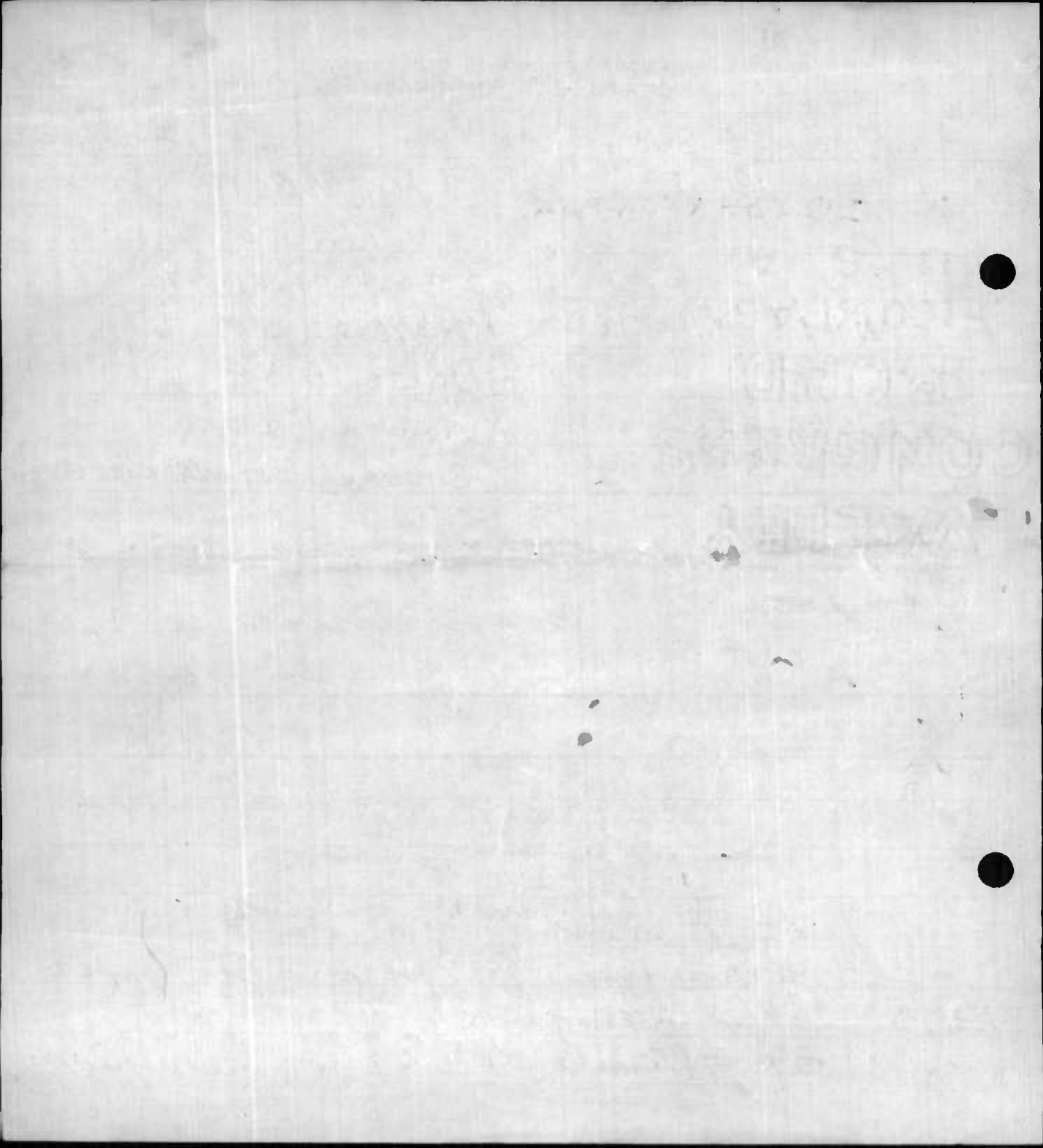
19A. DATE OF OPERATION 6/26/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **June 18, 1951** to **June 23, 1951**, that I last saw the deceased alive on **June 22, 1951**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Dr. H. Zimmerman	23B. ADDRESS 9855 Harford Rd.	23C. DATE SIGNED June 23
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 6/26/51	24C. NAME OF CEMETERY OR CREMATORY MORELAND PK.	24D. LOCATION (City, town, or county) (State) TAYLOR AVE
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1951	REGISTRAR'S SIGNATURE W. H. Williams, Jr.	25. FUNERAL DIRECTOR GEO. J. LEIMBACH	ADDRESS 527 N. LYNDA HURST
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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MRS ANNIE LOUISE KRATZ		2. DATE OF DEATH 6/23/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY BALTIMORE	
B. FULL NAME OF HOSPITAL OR INSTITUTION 25 Cannon Home Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DUNORM 22. 5300	
Length of stay in Baltimore 20 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 30 Township Road	
5. SEX F.	6. COLOR OR RACE White.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6/17/1868
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) 83
13. FATHER'S NAME RICHARD SMITH.		12. CITIZEN OF WHAT COUNTRY? US	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT Patents Daughter MRS AH Valentine		ADDRESS 44 Shipway Dundalk	

MEDICAL CERTIFICATION

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Generalized arteriosclerosis DUE TO cerebral vascular accident DUE TO Senility, Diabetes mellitus, Emphysema of the Lungs.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH years about 3 days years
19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June 22, 1951 , to June 23, 1951 , that I last saw the deceased alive on June , 19 51 , and that death occurred at 8:20 A. M. , from the causes and on the date stated above.		
23A. SIGNATURE L. Reed Carroll	23B. ADDRESS 44 SHIPWAY DUNDALK	23C. DATE SIGNED 6/23/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/26/51	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	24D. LOCATION (City, town, or county) (State) Colgate Md
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1951	REGISTRAR'S SIGNATURE Wm. H. Williams, Jr.	25. FUNERAL DIRECTOR Wm. H. Williams, Jr.	ADDRESS 2112 Dundalk

0820

STATE OF TEXAS



200

51 5581

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5581

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RUFUS MACY

2. DATE
OF
DEATH

June 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

S. Balt. Gen. Hosp.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Glenberrie Md

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Lottie Benson

17. INFORMANT

Mattie Macy

ADDRESS

Glenberrie Md

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) HYPERTENSIVE CARDIOVASCULAR

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DISEASE

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Doulas

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 24, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 27-51

24C. NAME OF CEMETERY OR CREMATORY

A.A. Co Md

24D. LOCATION (City, town or county)

A.A. Co Md

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 25 1951

REGISTRAR'S SIGNATURE

James S. Hayes

25. FUNERAL DIRECTOR

James S. Hayes

ADDRESS

638 N. 9th St

1881 12

THE NEW YORK PUBLIC LIBRARY

ASTEN LENOX TILDEN FOUNDATION



451 51 5582

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5582
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis S. Colombo,

2. DATE
OF
DEATH June 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 5113 Queensberry Ave.4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Md.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, 27-17

D. STREET ADDRESS (If rural, give location)

5113 Queensberry Ave.

Length of stay in Baltimore

51

Yrs.

MOX
MOX

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 29, 1888

9. AGE (In years
last birthday)

63

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Barber

10B. KIND OF BUSINESS OR
INDUSTRY

barber

11. BIRTHPLACE (State or foreign country)

Italy,

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Alfonza S. Colombo

14. MOTHER'S MAIDEN NAME

Rose Batalia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
none17. INFORMANT ADDRESS
Mrs. Louise M. Colombo, 5113 Queensberry, Av.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Broncho pneumonia*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Coronary Artery Disease*

DUE TO

(C) *Aneurysm of Left Ventricle*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1951, to June 21, 1951, that I last saw the
deceased alive on June 21, 1951, and that death occurred at p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dane J. Schwartz, M. D.

23B. ADDRESS

2320 Eutaw Place.

23C. DATE SIGNED

6/ 1/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

June 25, 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemetery,

24D. LOCATION (City, town, or county)

A. A. County, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

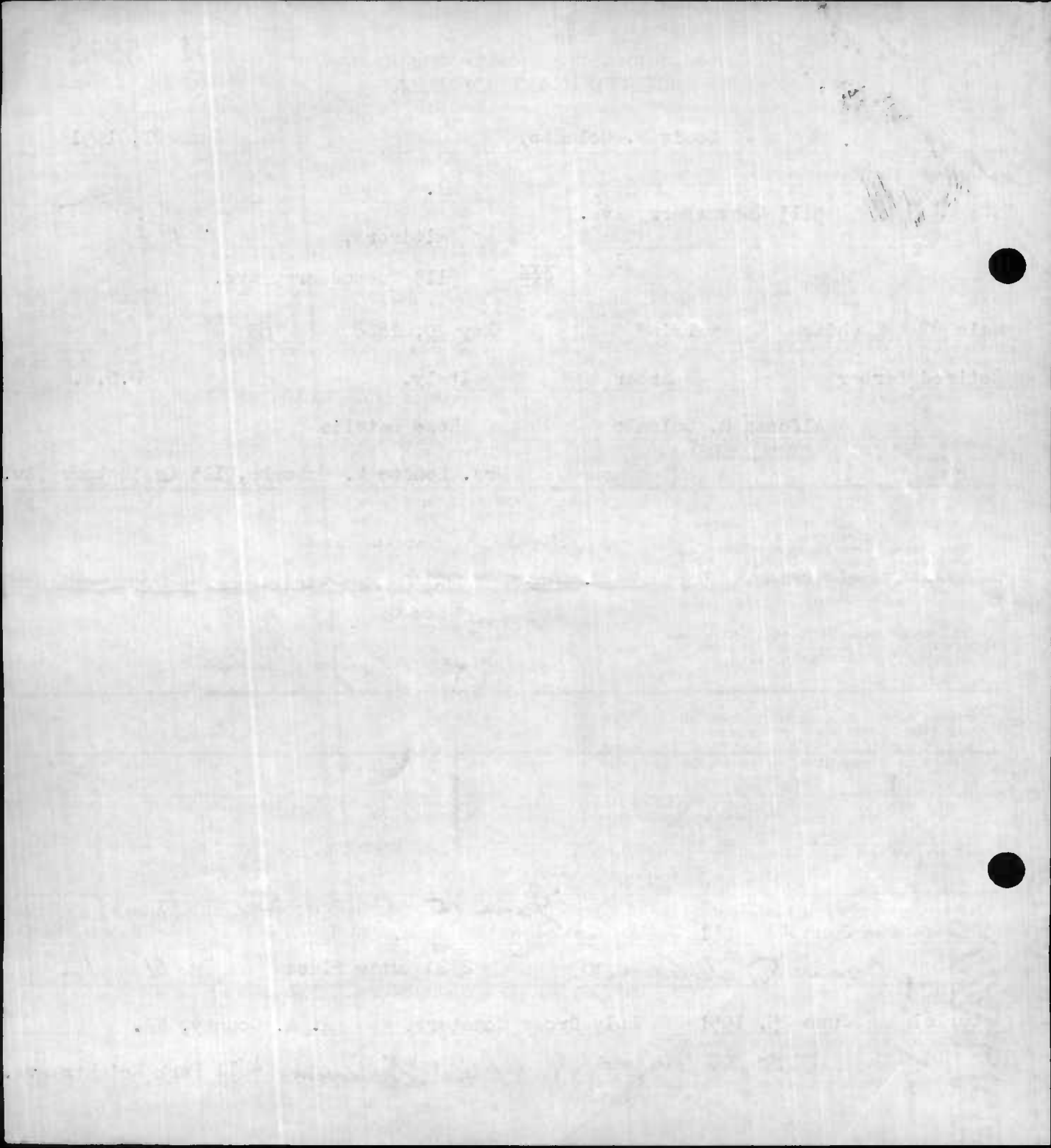
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

4611 Park Heights Ave.



500
51 5583BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5583
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William Payne</i>		2. DATE OF DEATH <i>June 20, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <i>THE JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-01</i>	
C. Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1122 Somerset St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>11-14-07</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Min. <i>43</i>
13. FATHER'S NAME <i>William Shipley</i>		14. MOTHER'S MAIDEN NAME <i>Gertrude Gould</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT <i>THE JOHNS HOPKINS HOSPITAL</i>	

CAUSE OF DEATH

18. <i>705.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>LUPUS ERYTHEMATOSIS</i>	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

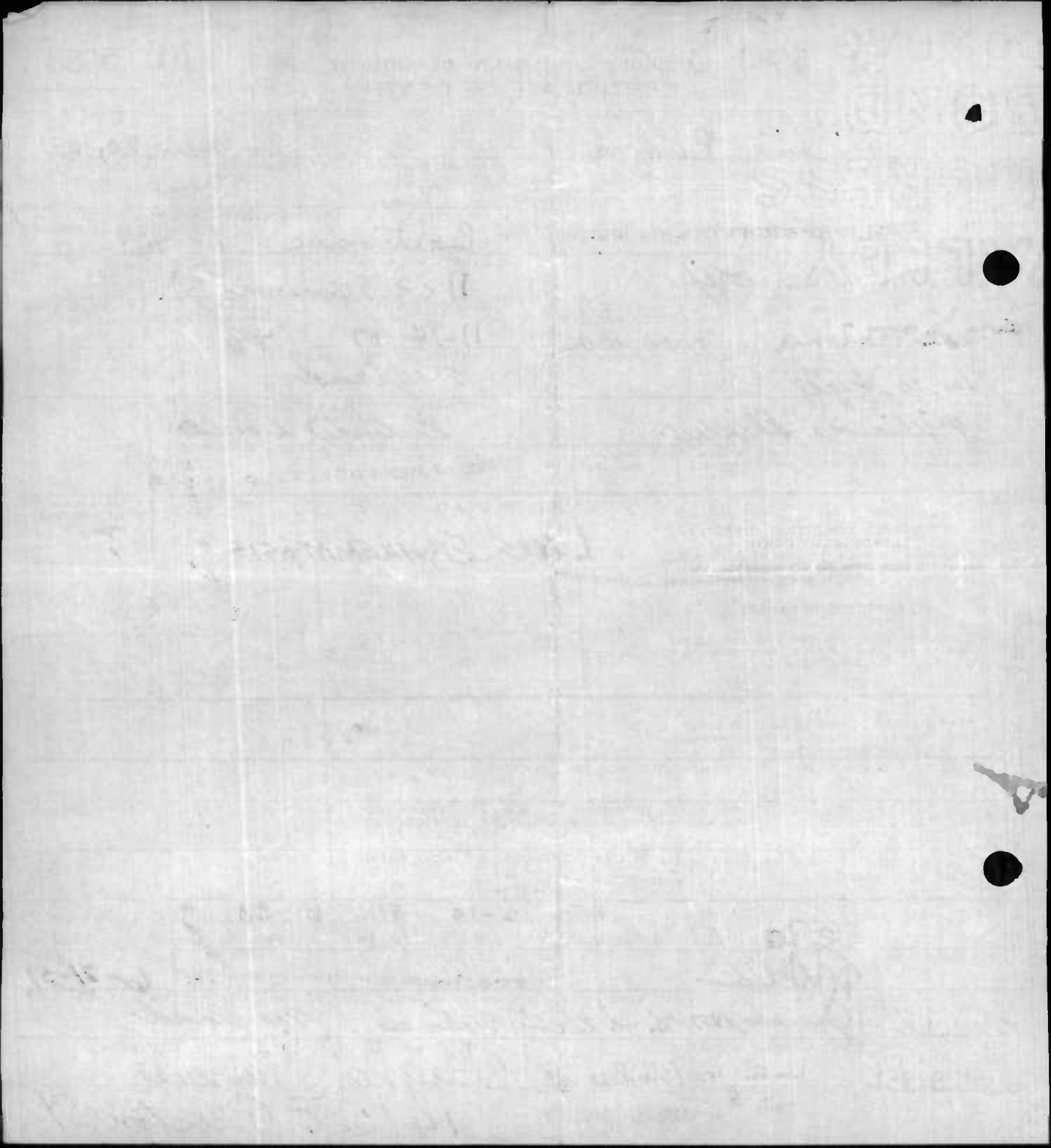
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-19, 1951*, to *6-20, 1951*, that I last saw the deceased alive on *6-20, 1951*, and that death occurred at *4:15 PM*, from the causes and on the date stated above.

23A. SIGNATURE <i>Rickels</i>	23B. ADDRESS M. D. <i>THE JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>6-21-51</i>
----------------------------------	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 25, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>W. L. Batts National</i>	24D. LOCATION (City, town, or county) (State) <i>Maryland</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 25 1951</i>	REGISTRAR'S SIGNATURE <i>William Payne</i>	25. FUNERAL DIRECTOR <i>Paigner</i>	ADDRESS <i>153</i>

1412 E Preston St



342 51 5584

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5584
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah Potlock

2. DATE
OF
DEATH

6/24/57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hosp. of Md.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-19

D. STREET ADDRESS (If rural, give location)

5514 Rubin Cor. 15

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alice Potlock

4410 Louwanda Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Anterior Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5, 1957, to 6/24, 1957, that I last saw the deceased alive on 6/24, 1957, and that death occurred at 8:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph D. Lichtenberg

M. D.

23B. ADDRESS

Lutheran Hosp. of Md.

23C. DATE SIGNED

6/24/57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-25-57

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew Cem.

24D. LOCATION (City, town, or county)

Wash. Blvd. Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

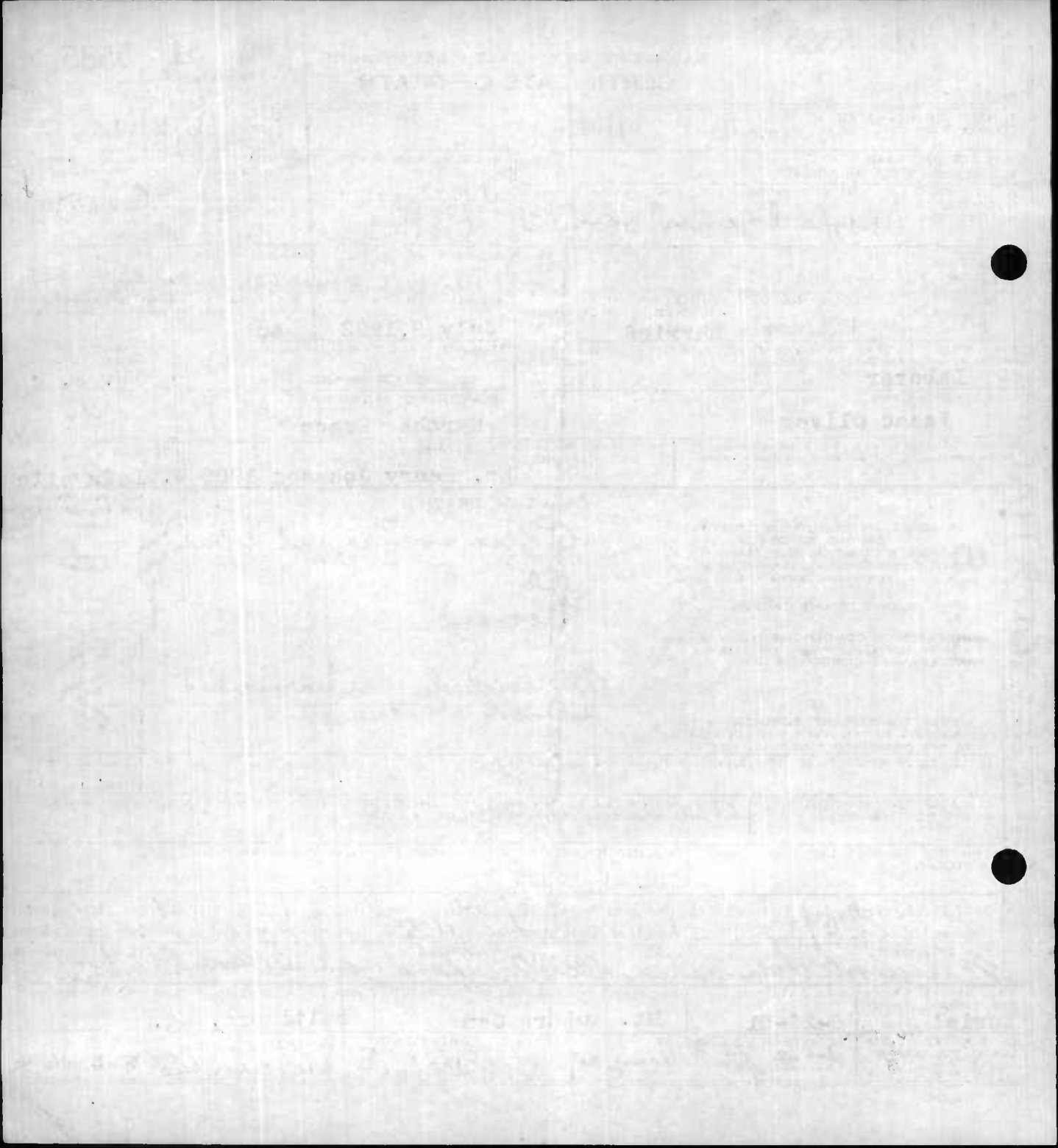
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

2100 02 East Ave



G-62151 5586

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5586
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NANCY CROSBY

2. DATE
OF
DEATH

June 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hosp

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

17-01

D. STREET ADDRESS (If rural, give location)

517 W. Biddle St.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 12, 1938

9. AGE (in years
last birthday)

13

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Taylor Crosby

14. MOTHER'S MAIDEN NAME

Elizabeth Crosby

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elizabeth Crosby 517 W. Biddle

18. E 90214

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Fracture of Skull

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Intracranial hemorrhage

DUE TO

(C)

Contusion of brain

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Playground

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Sarotoga and Bantelow Sts.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

June 21, 1951 8P m.

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Fall from swing to ground 20/2

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durlacher

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 24, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-30-51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Chester, South Carolina

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Stanley H. Durlacher

25. FUNERAL DIRECTOR

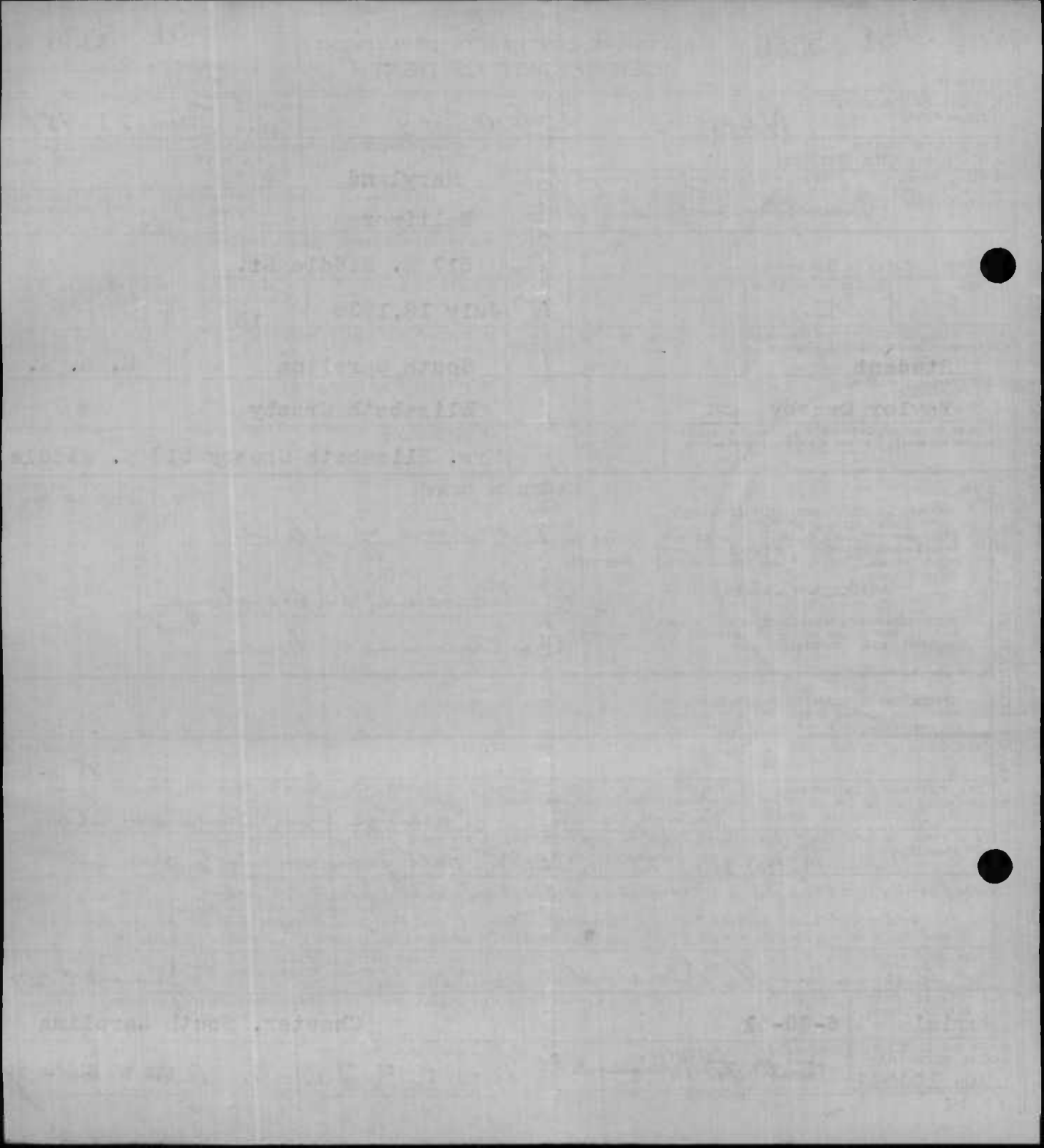
ADDRESS

Mrs. Lawrence B. Teasley 517 W. Biddle St.

VS 151

N-803.0

186a ✓



51 5587

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

51 5587
No

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNIE REED YOUNG		2. DATE OF DEATH 6/21/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore Co.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) PROVIDENT		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 5300	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 115 SYPRES CT.	
5. SEX F	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5/24/93
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 58
13. FATHER'S NAME Frederick Carroll		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U. S. A	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT		ADDRESS Mr. Edw. Young 115 Cypress Ct.	
18. 443X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hypertensive Heart Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Uremia			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/1 , 19 51 , to 6/21 , 19 51 , that I last saw the deceased alive on 6/21 , 19 51 , and that death occurred at 10:00 P. m., from the causes and on the date stated above.			
23A. SIGNATURE John N. Holmes III M. D.		23B. ADDRESS Provident Hosp.	
23C. DATE SIGNED 6/22/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-26-51	24C. NAME OF CEMETERY OR CREMATORY Western Star Cem.	24D. LOCATION (City, town, or county) (State) Batonsville Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FEDERAL DIRECTOR W. H. H. H. H. H.		ADDRESS 578 W. Middle St.	

937

200 51 5588

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5588

Registered No.

BIRTH NO.

N.R.

1. NAME OF DECEASED
(Type or Print)

Joseph Mc Gee, A-85002

2. DATE
OF
DEATH

JUN 24 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR or RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 754.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLY-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5-2-, 1951, to 6-24-, 1951, that I last saw the
deceased alive on 6-24-, 1951, and that death occurred at 120 Bm. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 25 1951

Harrison Clark Special M.D.

1855 N. McCreary & Son

VS 150

at any don Md 157E

MEDICAL CERTIFICATION

430

51 5589

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5589

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Barbara Guld

2. DATE
OF
DEATH

June 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

40 St. Agnes' Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, *

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

4-10-1885

9. AGE (In years
last birthday)

66 yr

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Amersbach deid.

14. MOTHER'S MAIDEN NAME

Jane Lockhart deid.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Edward M. Guld 5117 Edmondson Ave

ADDRESS

18.

154X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Rectum
extension to the bladder
Ulcerative Colitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/17, 1951, to 6/22, 1951, that I last saw the
deceased alive on 6/22, 1951, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John C. Treacy M. D.

23B. ADDRESS

St. Agnes

23C. DATE SIGNED

6/22/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

June 25, 1951

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto. Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williamson

25. FUNERAL DIRECTOR

Mr. Harold H. Gaudelison

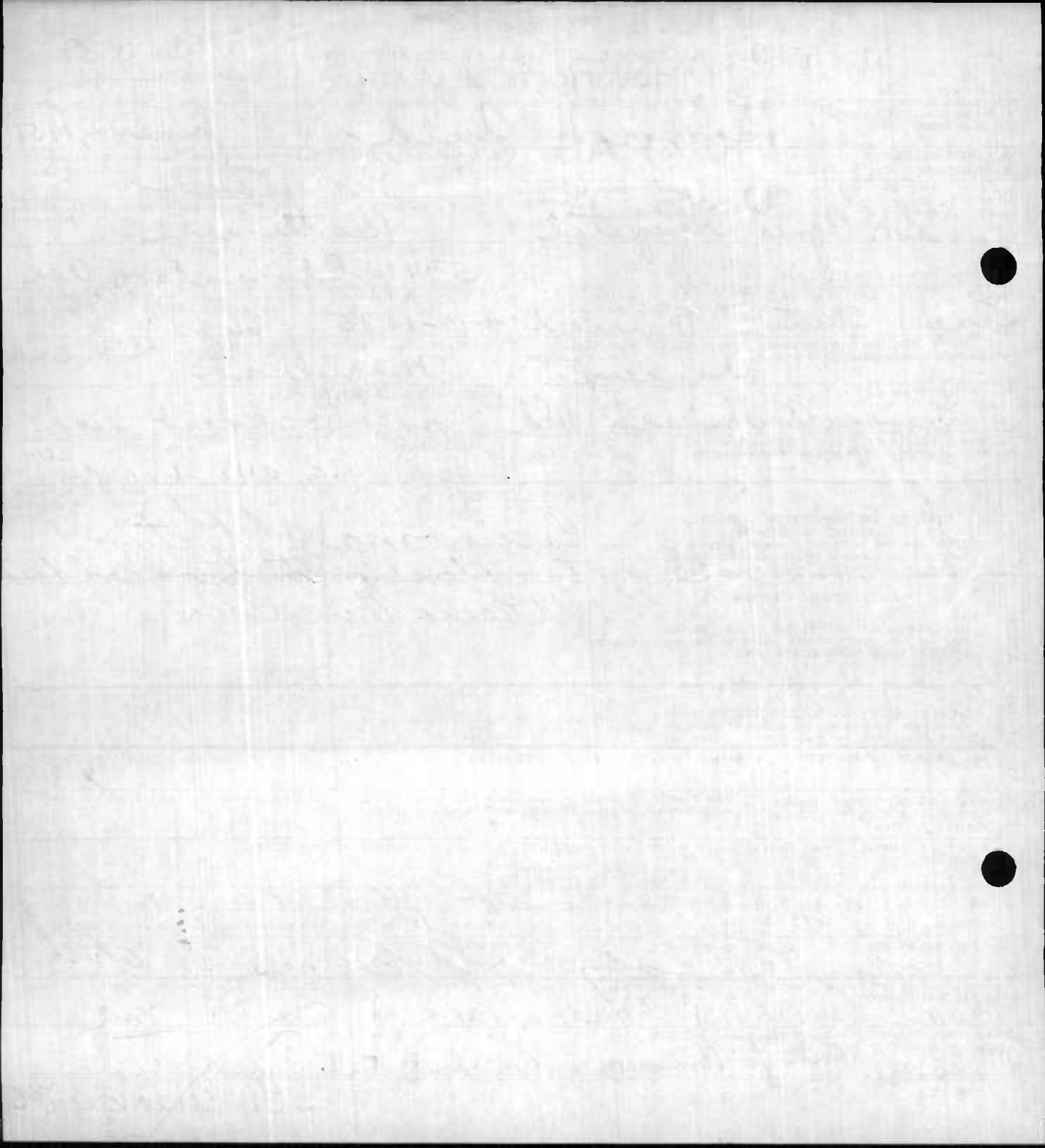
ADDRESS

5311 Edmondson Ave
46D

VS 150

MEDICAL CERTIFICATION

Correct age is important - please write the causes of death and the date of death in the space provided.



51 5590

51 5590

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

SAMUEL GINSBERG

2. DATE
OF
DEATH June 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2421 Lakeview Ave Apt A

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2421 Lakeview Ave

13-01

E. Length of stay in Baltimore

60 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 7, 1878

9. AGE (in years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Ladies Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

CLOTHING (M)

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Simon Jacob Ginsberg

14. MOTHER'S MAIDEN NAME

Hilda Irene Applebaum

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Augusta Ginsberg 2421 Lakeview Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

Sudden

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary Sclerosis

Several years

(C)

Arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1946 to June 24, 1951, that I last saw the deceased alive on June 24, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Laurin V. Blum m. d.

M. D.

23B. ADDRESS

2310 Eutaw Place

23C. DATE SIGNED

6/24/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 25, 1951

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Young Men Cemetery Baltimore Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Laurin V. Blum

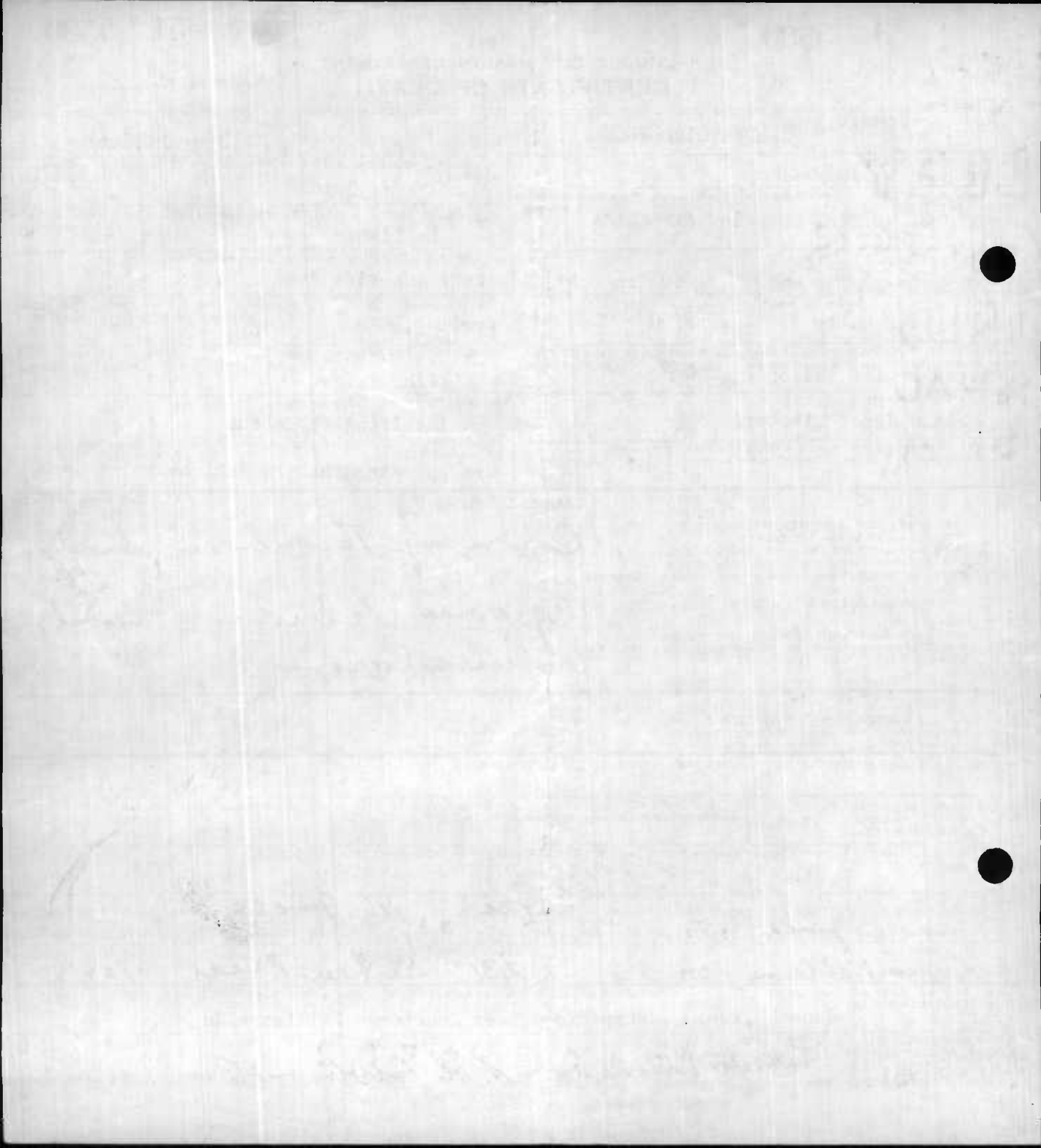
25. FUNERAL DIRECTOR

ADDRESS

Sol J. Wilson + Bms North Ave

VS 150

94a



512 51 5591

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5591
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Susie Simpson</i>		2. DATE OF DEATH <i>June 23-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-02</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>831 N. Central Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>10-14-25</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		9B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>27</i> If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. BIRTHPLACE (State or foreign country) <i>Beth. Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Samuel Randall</i>		14. MOTHER'S MAIDEN NAME <i>Jessie ?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>002X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>MILITARY TUBERCULOSIS</i> DUE TO (A) <i>Lung involved</i> (B) <i>(Offer)</i> (C) <i>✓</i>	CAUSE OF DEATH <i>MILITARY TUBERCULOSIS</i> DUE TO (A) <i>Lung involved</i> (B) <i>(Offer)</i> (C) <i>✓</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 MO.</i> (Offer)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>2</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-22-1951* to *6-23-1951*, that I last saw the deceased alive on *6-23-1951*, and that death occurred at *2:45 PM*, from the causes and on the date stated above.

23A. SIGNATURE <i>Joseph Stokes III</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>6-23-51</i>
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 24/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>a. g. County Md.</i>
--	--------------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 25 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. R. A. E. Elliott & Daughters</i>	25. FUNERAL DIRECTOR <i>1129 N. Caroline St</i>	ADDRESS <i>13R</i>
--	--	--	-----------------------

From: Bureau of Tbc. - BCHD

6/26/51

ES

210 51 5592

51 5592

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF

DEATH June 23, 1951

3. PLACE OF DEATH:

Joseph, Esther Cecilia

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

605 E. Biddle St.

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

March 4, 1907

9. AGE (in years
last birthday)

50

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Wife

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James B. Joseph

14. MOTHER'S MAIDEN NAME

Elizabeth Connor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral hemorrhage

3 hrs (!)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-23, 1951, to 6-23, 1951, that I last saw the
deceased alive on 6-23, 1951, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Joseph Krajci

M. D.

23B. ADDRESS

1400 N. Caroline St

23C. DATE SIGNED

6-23-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/24/51

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

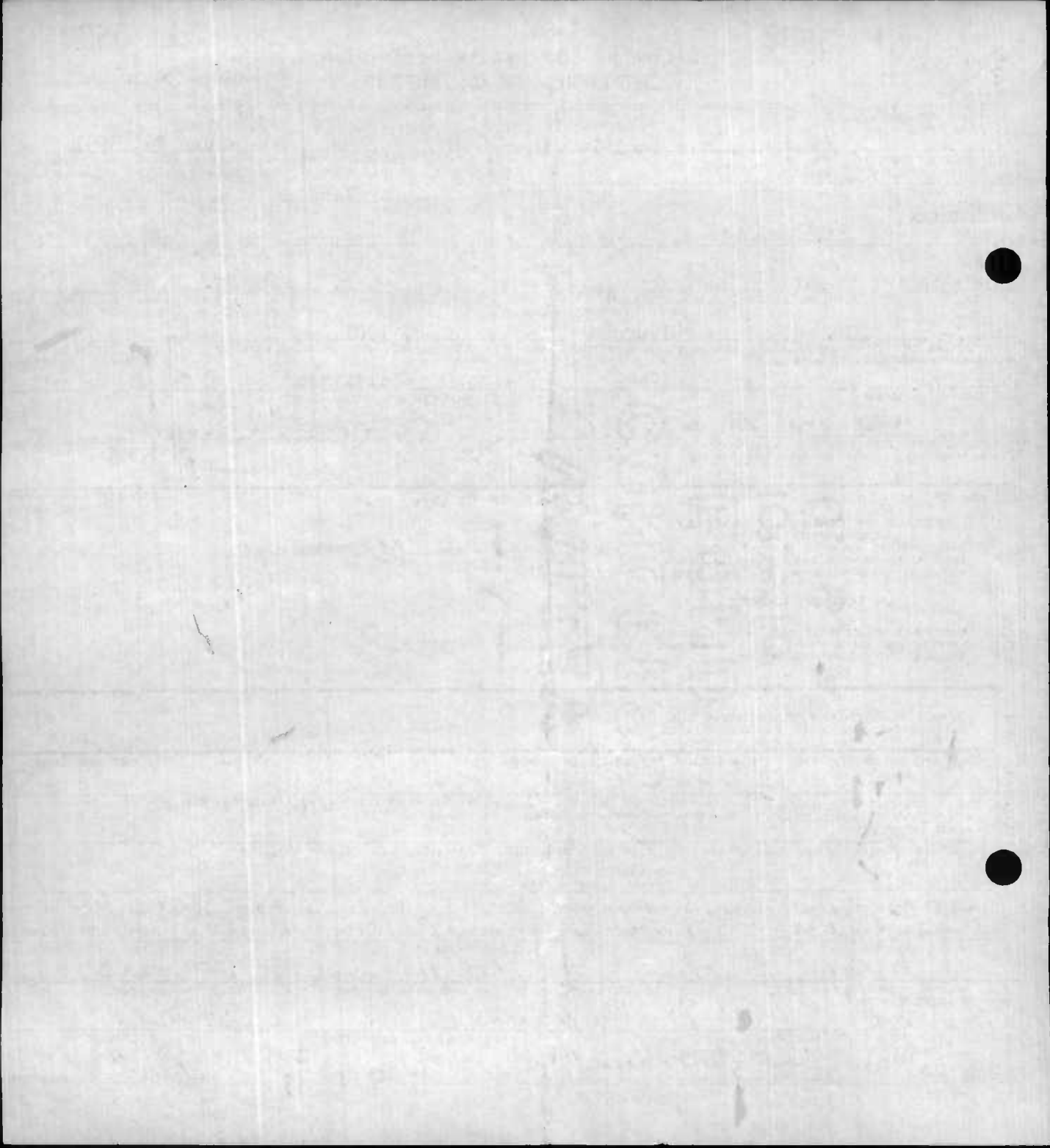
REGISTRAR'S SIGNATURE

Wm. C. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. C. Williams, 1317 St. Paul St.



-256

51 5593

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5593

Registered No. _____

BIRTH NO. _____		2. DATE OF DEATH 6-23-51	
1. NAME OF DECEASED (Type or Print) Wilmer Wagner		2. DATE OF DEATH 6-23-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 6420 Reisterstown Rd.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION The Seton Institute		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore entire life		D. STREET ADDRESS (If rural, give location) 4303 Underwood Road	
5. SEX M	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6-2-1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown EXEC.		10B. KIND OF BUSINESS OR INDUSTRY Box MFG.	9. AGE (In years last birthday) 61
13. FATHER'S NAME George J. Wagner		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO. 215-10-3350		14. MOTHER'S MAIDEN NAME Frances Kalmey	
17. INFORMANT The Seton Institute		ADDRESS _____	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1/2 hr.	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriosclerosis Cerebral arteriosclerosis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10/12 , 19 49 , to 6/23 , 19 51 , that I last saw the deceased alive on 6/23 , 19 51 , and that death occurred at 8:00 A. M. , from the causes and on the date stated above.			
23A. SIGNATURE Ernest Levi, M. D.		23B. DATE SIGNED 6/23/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6-25-1951	
24C. NAME OF CEMETERY OR CREMATORY DRUID RIDGE		24D. LOCATION (City, town, or county) (State) PIKESVILLE MD.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1951		REGISTRAR'S SIGNATURE H. W. Jenkins & Sons Co.	
VS 150		25. FUNERAL DIRECTOR ADDRESS 4905 York Rd.	

MEDICAL CERTIFICATION

2904K

94a

CERTIFICATE OF DEATH

100-100000

100-100000

Wm. Wagon

100-100000

100-100000

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-340

51 5594

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5594

Registered No. 2698

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Edward Dudley</i>		2. DATE OF DEATH <i>June 21, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1334 St. Lafayette Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-02</i>	
c. Length of stay in Baltimore <i>67 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1334 St. Lafayette Ave.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 25, 1883</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Porter</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>Cross Electric Co.</i>	9. AGE (In years last birthday) <i>67</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>William Dudley</i>	
14. MOTHER'S MAIDEN NAME <i>Emma</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <i>112-05-5318A</i>		17. INFORMANT <i>Mary J. Dudley</i> ADDRESS <i>1334 St. Lafayette Ave.</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Liver</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Unknown</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-5</i> , 1951, to <i>6-21</i> , 1951, that I last saw the deceased alive on <i>6-21</i> , 1951, and that death occurred at <i>9:30 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Frank A. Saunders</i> M. D.		23B. ADDRESS <i>1029 N. Stricker St.</i>	
23C. DATE SIGNED <i>6-23-51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6-25-1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Pk.</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Co. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 25 1951</i>	REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Funeral Home</i> ADDRESS <i>2651 Mount Airy Ave.</i>	

S-552 51 5595		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Pendleton 51 5595 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Jennie Simmons			June 21, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		
B. FULL NAME OF (If not in hospital or institution, give street address or location)			A. STATE Maryland		
17025 N. Culloch St.			C. CITY OR TOWN Baltimore 14-07		
c. Length of stay in Baltimore 35 years			D. STREET ADDRESS (If rural, give location)		
17025 N. Culloch St.			8. DATE OF BIRTH		
5. SEX Female			9. AGE (In years last birthday) 75		
6. COLOR OR RACE Colored			10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)		
Housewife			11. BIRTHPLACE (State or foreign country)		
10B. KIND OF BUSINESS OR INDUSTRY Home			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Armistead Banks			14. MOTHER'S MAIDEN NAME Minerva ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Sarah E. Butler N.Y.			18. 420.1		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
CORONARY OCCLUSION			INTERVAL BETWEEN ONSET AND DEATH		
DUE TO			14.		
ANTECEDENT CAUSES			DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			DUE TO		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY?			YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from June 1949 to 6-21-1951, that I last saw the deceased alive on 6-21-1951, and that death occurred at 3:40 p.m., from the causes and on the date stated above.					
23A. SIGNATURE			23B. ADDRESS		
23C. DATE SIGNED			23D. SIGNATURE		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE		
24C. NAME OF CEMETERY OR CREMATORY			24D. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE		
JUN 25 1951			Huntington Williams		
VS 150			1631 Druid Hill Ave.		

1893
The following is a list of the
names of the persons who
have been elected to the
office of the Board of
Education for the year
1893-1894.

Wm. H. Smith
John A. Jones
James B. Brown

Wm. H. Smith
John A. Jones
James B. Brown
The following is a list of the
names of the persons who
have been elected to the
office of the Board of
Education for the year
1893-1894.

Dr. J. Harding

51 5596

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice M. Jarrett

2. DATE
OF

DEATH June 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4707 Greenhill Avenue

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4707 Greenhill Avenue 26-02

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Nov. 18, 1859

9. AGE (In years
last birthday)

91

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

London, England

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

J. S. Harding

14. MOTHER'S MAIDEN NAME

Eliza Wood

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS hill

Mrs. A. Lillian Harding, 4707 Green

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Ch. Myocarditis

5 years

DUE TO

ANTECEDENT CAUSES

(B)

arterio-sclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 1946 to June 23, 1951, that I last saw the
deceased alive on June 13, 1951, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Harding

M. D.

23B. ADDRESS

3805 Belair Rd

23C. DATE SIGNED

June 24/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-25-51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

3805 Belair

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5597
 Registered No.

BIRTH NO.

1. NAME OF DECEASED
 (Type or Print)

Charles Howard Appell

2. DATE
 OF
 DEATH

June 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3818 Forrester Avenue

Yrs.
 Mos.
 Days

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
 married

8. DATE OF BIRTH

May 10, 1903

9. AGE (In years last birthday)

48

If Under 1 Year
 Months: Days

If Under 24 Hours
 Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur - Atlantic Refining Co

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Appell

14. MOTHER'S MAIDEN NAME

Hufnagel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
 212-007-0300

17. INFORMANT

ADDRESS

Mrs. Naomi Appell, 3818 Forrester

18.

178X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Leukemia, left testicle

INTERVAL BETWEEN ONSET AND DEATH

14 mon.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
 (C)

II
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

June 17, 1950

19B. MAJOR FINDINGS OF OPERATION

Leukemia of left testicle

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g. in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 7, 1950, to June 23, 1951, that I last saw the deceased alive on June 23, 1951, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Adam G. Lewis

M. D.

23B. ADDRESS

622 Belair Road

23C. DATE SIGNED

June 24, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-27-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

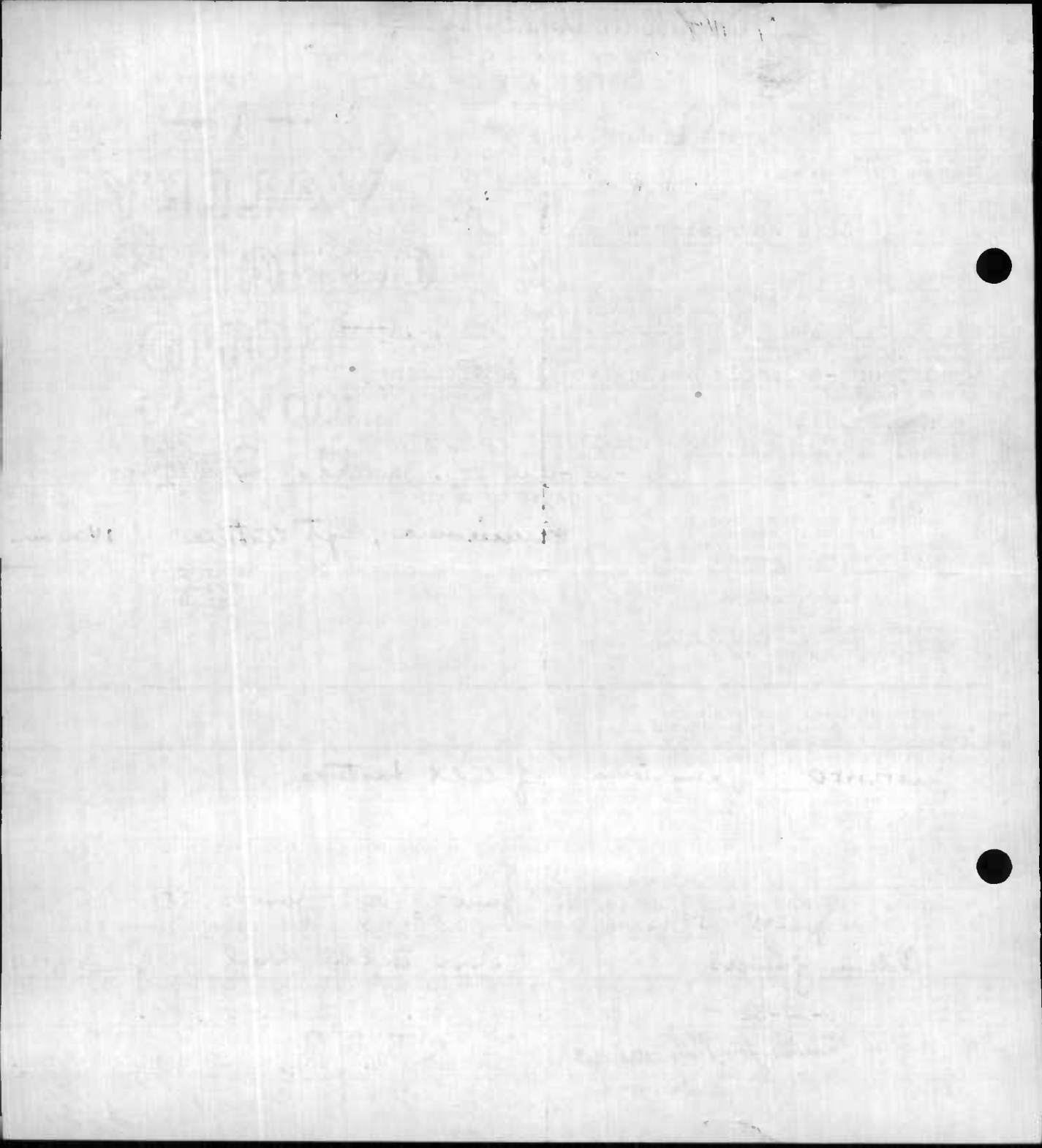
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Christington Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Ruck, 5305 Harford Road.



512 51 5598

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5598
Registered No.

BIRTH NO.

1. NAME OF DECEASED.
(Type or Print)

May Thompson

2. DATE
OF
DEATH

6/23/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hosp.

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

1107 Forest St. Balt., Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-01

D. STREET ADDRESS (If rural, give location)

1107 Forest St.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8/19/1891

9. AGE (In years;
last birthday)

59

10 Under 1 Year
Months: Days10 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cashier Book-keeper INSURANCE

10B. KIND OF BUSINESS OR
INDUSTRY

INSURANCE

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Edwin C. Thompson

14. MOTHER'S MAIDEN NAME

May Minnick

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-01-2658

17. INFORMANT

ADDRESS

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Peritoneal
Generalized carcinomatous
colon.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Ca-Splenic flexure

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) Arteriosclerotic Cardio-vascular
diseaseINTERVAL BETWEEN
ONSET AND DEATH

2

19A. DATE OF OPERATION

6/21/51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of colon

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21/1951, to 6/23/1951, that I last saw the
deceased alive on 6/23/1951, and that death occurred at 11:25 AM from the causes and on the date stated above.

23A. SIGNATURE

Edwin W. Lauferbeck M. O.

23B. ADDRESS

Franklin Square Hosp.

23C. DATE SIGNED

6/23/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUN 25 1951

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

25. FUNERAL DIRECTOR

ADDRESS

Rosa Wiedefeld 900 E. Biddle St

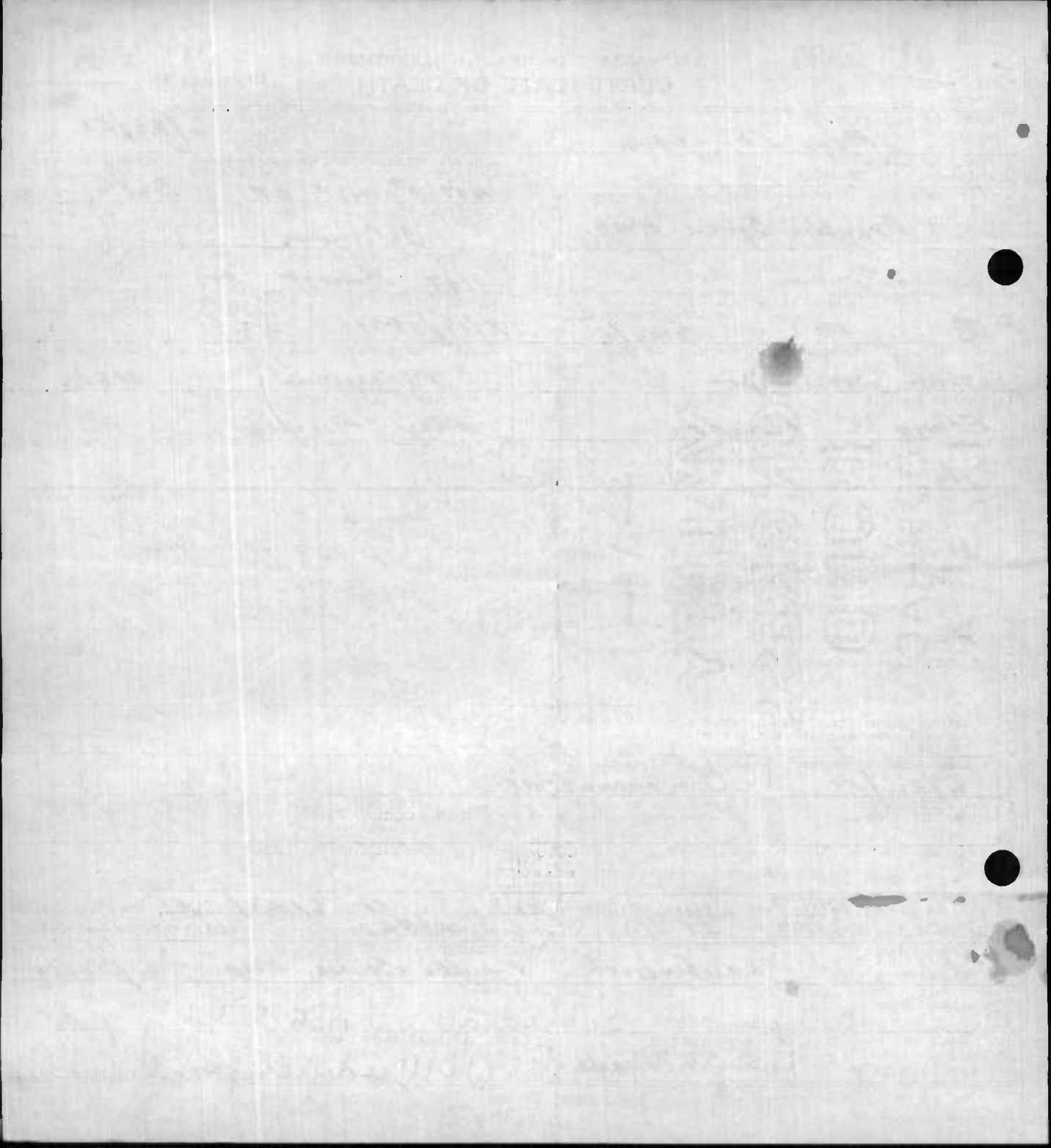
VS 150

310 73

46E

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



51 5599

51 5599

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES

MENDOLA

2. DATE
OF
DEATH

June 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

St. Agnes

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

New York

B. COUNTY

C. CITY OR TOWN

Buffalo

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

unknown

8. DATE OF BIRTH

7-2-13

9. AGE (in years
last birthday)

38

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Truck Driver

10B. KIND OF BUSINESS OR
INDUSTRY

Hauling

11. BIRTHPLACE (State or foreign country)

Penn

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Salvatore Mendola

14. MOTHER'S MAIDEN NAME

Selva Teresa Loric

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

?

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

C F Admire Pittston, Pa.

18. E 819.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Basilar skull fracture

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Contusion of brain

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Road

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Route 32 & bridge over Middle Patuxent

21D. TIME (Month) (Day) (Year) (Hour)

June 24, 1951 10:00 P.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☒NOT WHILE
AT WORK ☐21F. HOW DID INJURY OCCUR? Driver of trailer
truck which struck guardrail of bridge &
turned over into river22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Lovitt

23B. CHIEF MEDICAL EXAMINER ...

ASSISTANT MEDICAL EXAMINER ...

MEDICAL INVESTIGATOR ...

23C. DATE SIGNED

June 25, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-29-51

24C. NAME OF CEMETERY OR CREMATORY

St. Rocca

24D. LOCATION (City, town, or county)

Pittston

(State)

Penn

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 25 1951

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J.C. Higginbotham

ADDRESS

Elmira City

VS 151

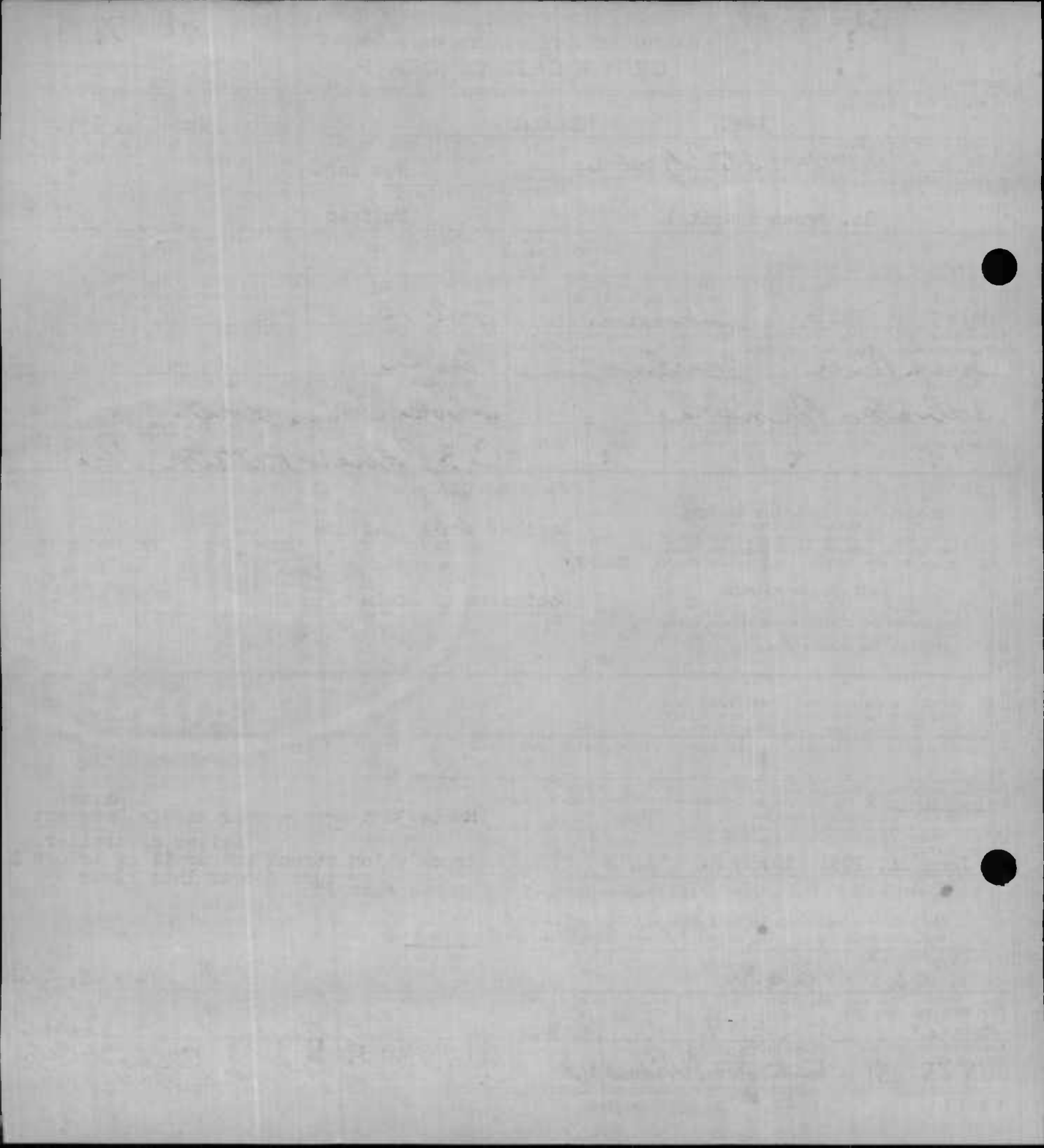
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1702 ✓

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



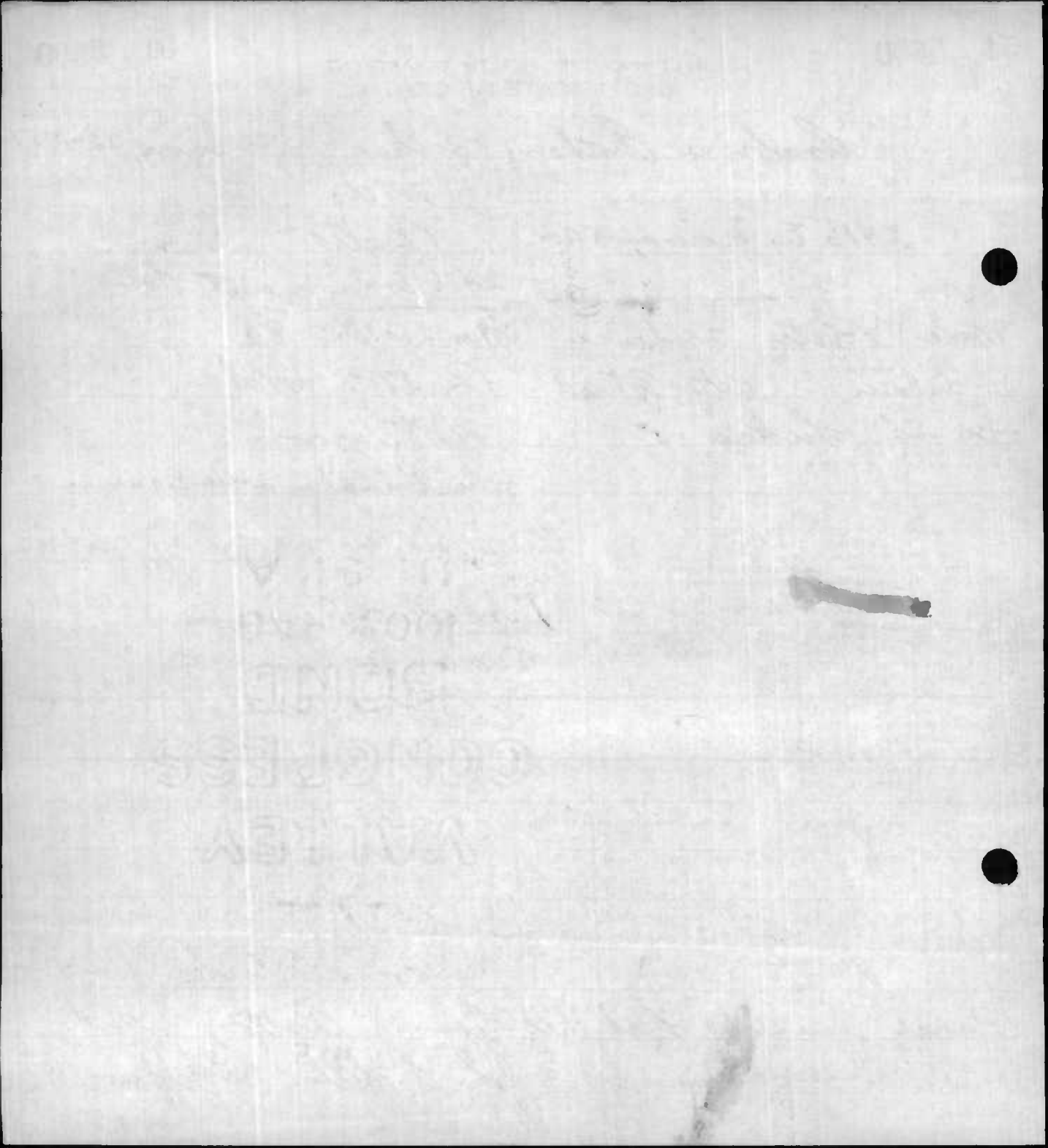
51 5600
220BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5600

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ambrose Anthony Lukas</i>		2. DATE OF DEATH <i>June 22-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>2416 E. Fairmount Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 6-02</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2416 E. Fairmount Ave.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>Mar. 25-1869</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Saboten</i>		9B. KIND OF BUSINESS OR INDUSTRY <i>City - Retired</i>	9. AGE (In years last birthday) <i>82</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Saboten</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>City - Retired</i>	11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>
12. CITIZEN OF WHAT COUNTRY? <i>Am.</i>		13. FATHER'S NAME <i>Frank Lukas</i>	
14. MOTHER'S MAIDEN NAME <i>Not Known</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Helen Banusha</i>	
18. <i>491x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Myocardial Insufficiency</i> DUE TO <i>Coronary Arteriosclerosis</i> DUE TO <i>Generalized Sclerosis</i> DUE TO <i>Acute Cystitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>4 wks.</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>May 25, 1951</i> to <i>June 22, 1951</i> , that I last saw the deceased alive on <i>June 22, 1951</i> , and that death occurred at <i>9:45</i> m., from the causes and on the date stated above.	
23A. SIGNATURE <i>W. G. Keyser</i>		23B. ADDRESS <i>156 N. Wiltshire</i>	
23C. DATE SIGNED <i>June 25-51</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24B. DATE <i>June 26-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cad Hill Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR <i>John A. Miller</i>	
25. FUNERAL DIRECTOR <i>John A. Miller</i>		26. ADDRESS <i>2334 Jefferson St.</i>	



320
51 5601BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5601

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES V. FITCH.

2. DATE
OF
DEATH

June 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL/OR
INSTITUTION

2823 Miles Ave

C. CITY OR TOWN

(If outside corporate limits, write "RURAL" and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2823 Miles Ave.

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work denoting most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 597x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 27, 1950, June 23, 1951, that I last saw the
deceased alive on , 19 , and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 25 1951

T. W. Williams, Jr.

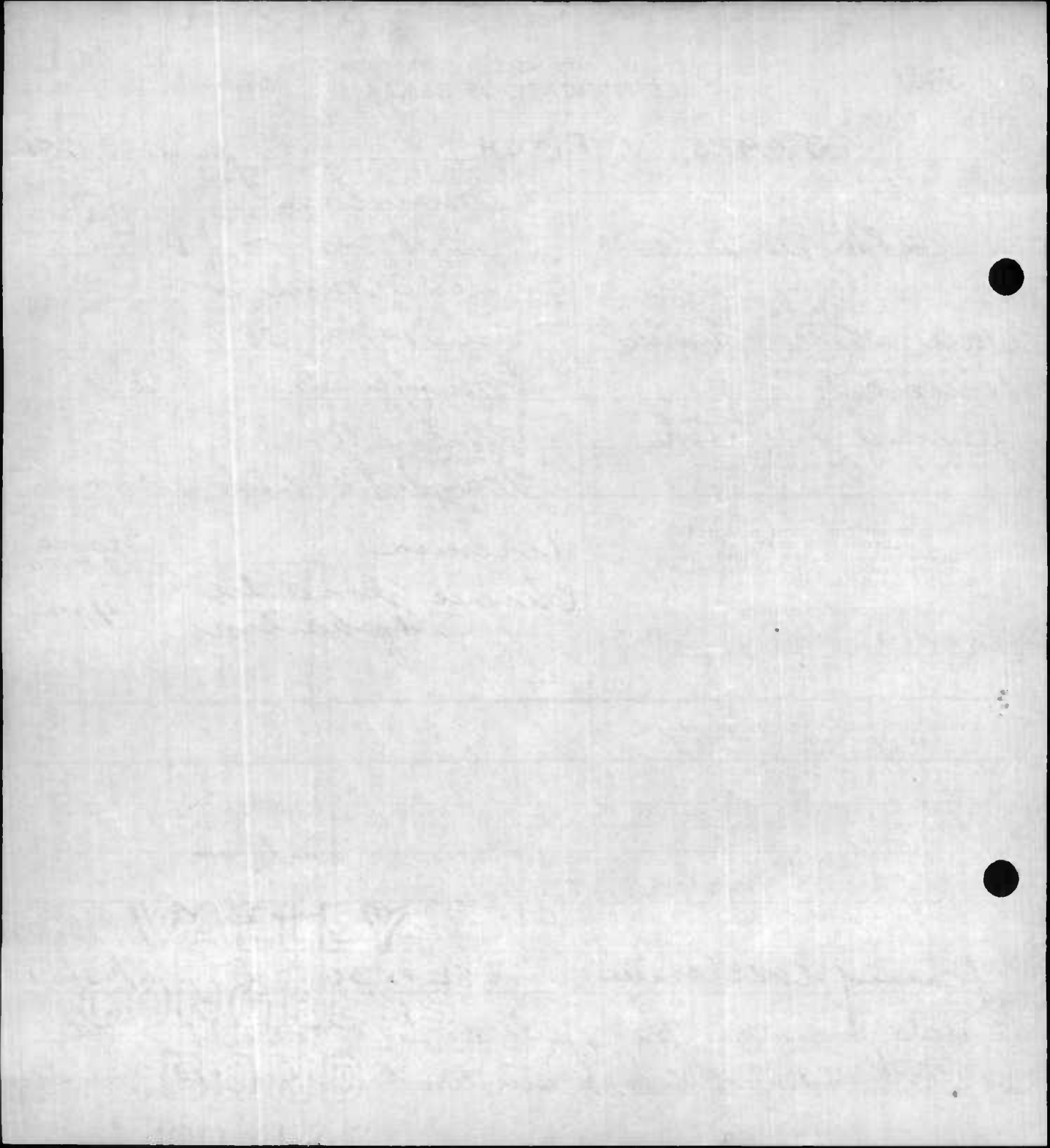
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VS 150

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131B

MEDICAL CERTIFICATION



610

REA-148837

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5602

BIRTH NO. 5602

1. NAME OF DECEASED (Type or Print) Mary Jane Grove		2. DATE OF DEATH June 24, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY X	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write full name of township) Baltimore	
5. LENGTH OF STAY IN BALTIMORE 30 yrs.		D. STREET ADDRESS (If rural, give location) 842 Hillman Court	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH July 25, 1884
9. AGE (In years last birthday) 66		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Willard Fillmore		14. MOTHER'S MAIDEN NAME Annie Carrico (Corrico)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Records: B. C. H. 4940 Eastern Avenue		ADDRESS	
18. CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Squamous cell carcinoma of the cervex Uteri with generalized metastases			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rheumatic Mitral Disease			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 40 years			
19A. DATE OF OPERATION 6-24-51		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-25 , 19 51 , to 6-24 , 19 51 , that I last saw the deceased alive on 6-24 , 19 51 , and that death occurred at 8:45 a.m., from the causes and on the date stated above.			
23A. SIGNATURE P. S. Rogers		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 6-24-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-27-51	
24C. NAME OF CEMETERY OR CREMATORY Meadowdale		24D. LOCATION (City, town, or county) (State) Howard Co Md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1951		REGISTRAR'S SIGNATURE William H. Walters	
FUNERAL DIRECTOR Pratt & Clarke		ADDRESS 48a	

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512.

575921

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5603

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ludwig Jawanovich

2. DATE
OF
DEATH

June 23-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

19 S. POTOMAC ST.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

male

white

married

Oct. 16 1884 67

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR INDUSTRY

CLOTHING

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

290.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pneumonia Left upper lobe.

? 1 week.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Pericarditis anemia

15 years.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 19__ to 6-23-1951, that I last saw the deceased alive on 6-23-1951, and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William P. McDevore

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

June 23 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Buried June 26/51 St Stanislaus Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

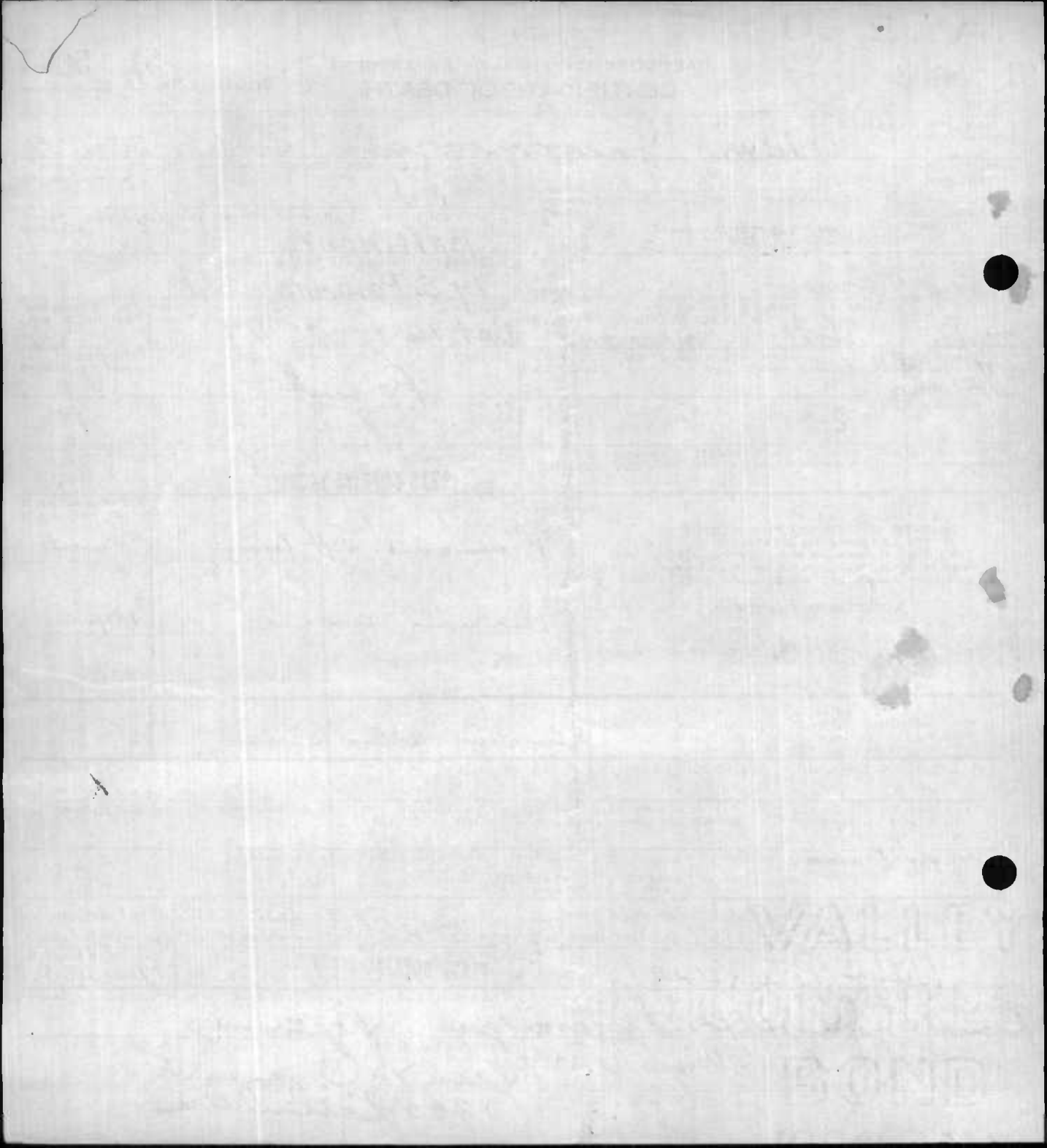
FUNERAL DIRECTOR

ADDRESS

JUN 25 1951

Wm. H. Williams, M.D.

Fred H. Ozajurki



200
51 5604BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5604
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Louis C. Mack</i>		2. DATE OF DEATH <i>6/24/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>6000 Bellona Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baeto</i> <i>27-05</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3029 Northern Parkway</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>July 17, 1865</i>
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Painter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>House</i>	9. AGE (In years last birthday) <i>85</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Theodore Mack</i>		14. MOTHER'S MAIDEN NAME <i>Mary P. Eckas</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT ADDRESS <i>Mrs Kathryn Zickler Bame</i>
18. <i>420.1</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>6 yrs.</i> <i>6 yrs.</i> <i>"</i> <i>6 yrs</i>
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 5</i> , 1951 to <i>June 24</i> , 1951 that I last saw the deceased alive on <i>6-23-</i> 1951 and that death occurred at <i>1:15A.</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Christ S. Singmales</i> M. D.		23B. ADDRESS <i>1613 E. North Ave.</i>	23C. DATE SIGNED <i>6-25-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6/26/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baeto</i>	24D. LOCATION (City, town, or county) (State) <i>E. North Ave Baeto, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 25 1951</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>Mildred J. Blight, 6009 Harford Rd</i>	

MEDICAL CERTIFICATION

JUN 25 1951
VS 150

937

WATTS

CHICAGO, ILL.

21

My dear Mr. Watts:

I have

been thinking

of you

very much

and hope

you are

well.

I am

very truly

Yours

W. L. Watts

W. L. Watts

Chicago, Ill.

My dear Mr. Watts:

I have

been thinking

of you

very much

and hope

you are

well.

I am

very truly

Yours

W. L. Watts

Chicago, Ill.

My dear Mr. Watts:

I have

been thinking

of you

very much

200
51 5605

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5605

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary E. Diggs

2. DATE
OF
DEATH

6-22-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

202 N. Fremont Ave.

Ba. Ho.

D. STREET ADDRESS (If rural, give location)

202 N. Fremont Ave.

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 2, 1900

9. AGE (In years
last birthday)

50

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ba. Ho. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Diggs

14. MOTHER'S MAIDEN NAME

Mary Medley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Hilda Diggs 202 N. Fremont Ave

18. 592X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute myocarditis 6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension 6 mo.

(C) DUE TO

Interstitial Nephritis 1 year

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 6/18/51, 19 to 6/22, 1951, that I last saw the
deceased alive on 6/22, 1951, and that death occurred at 2 m., from the causes and on the date stated above.

23A. SIGNATURE

J. L. Linn

M. D.

23B. ADDRESS

532 N. Marlborough St. Baltimore, Md.

23C. DATE SIGNED

6/25/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

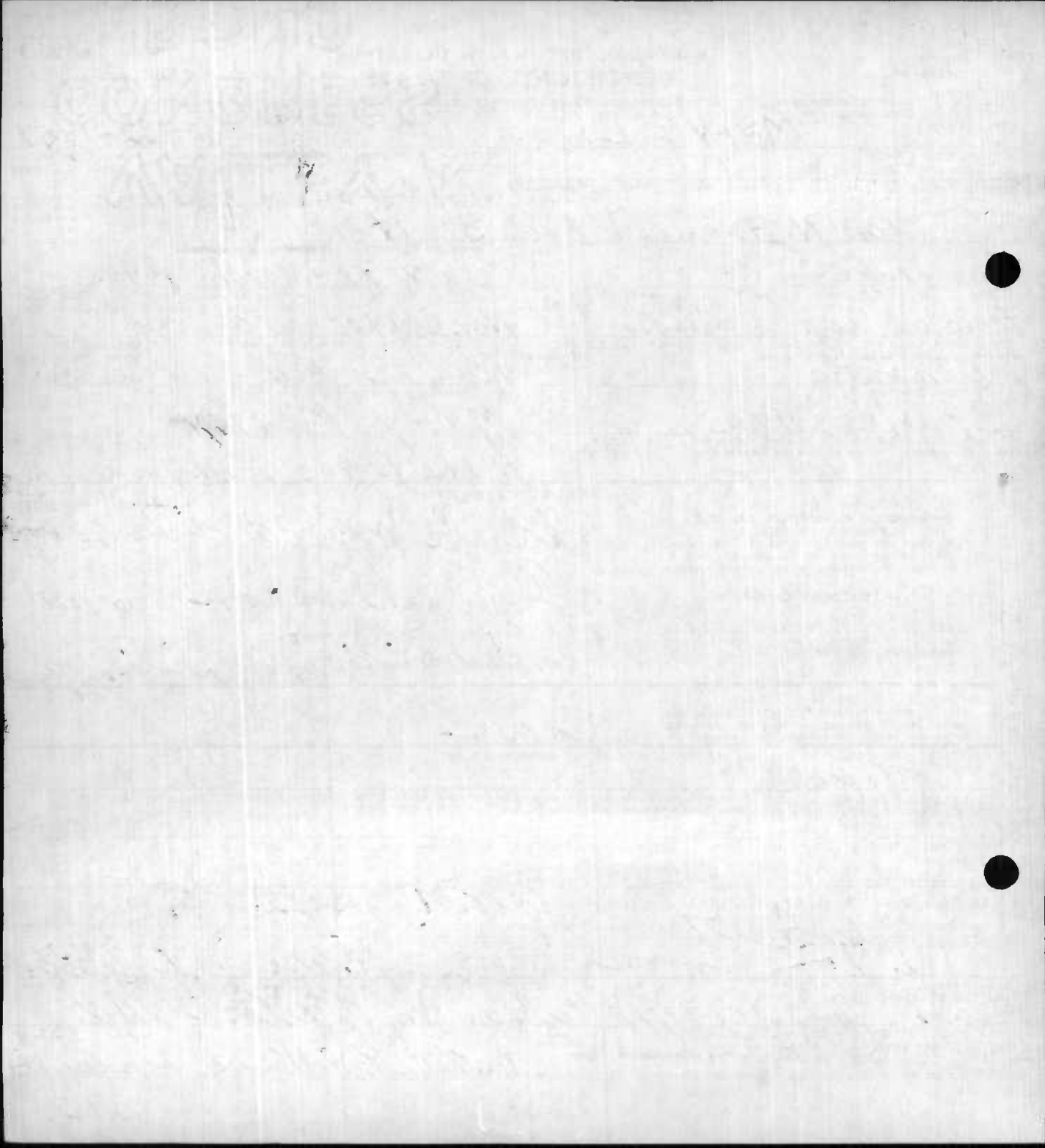
25. FUNERAL DIRECTOR

ADDRESS

JUN 25 1951

Wm. H. Williams, M.D.

Mr. Kate B. Williams Schroeder



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5606

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

LAUNDRY

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 592X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-11, 1951, to 6-21, 1951, that I last saw the
deceased alive on 6-21, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

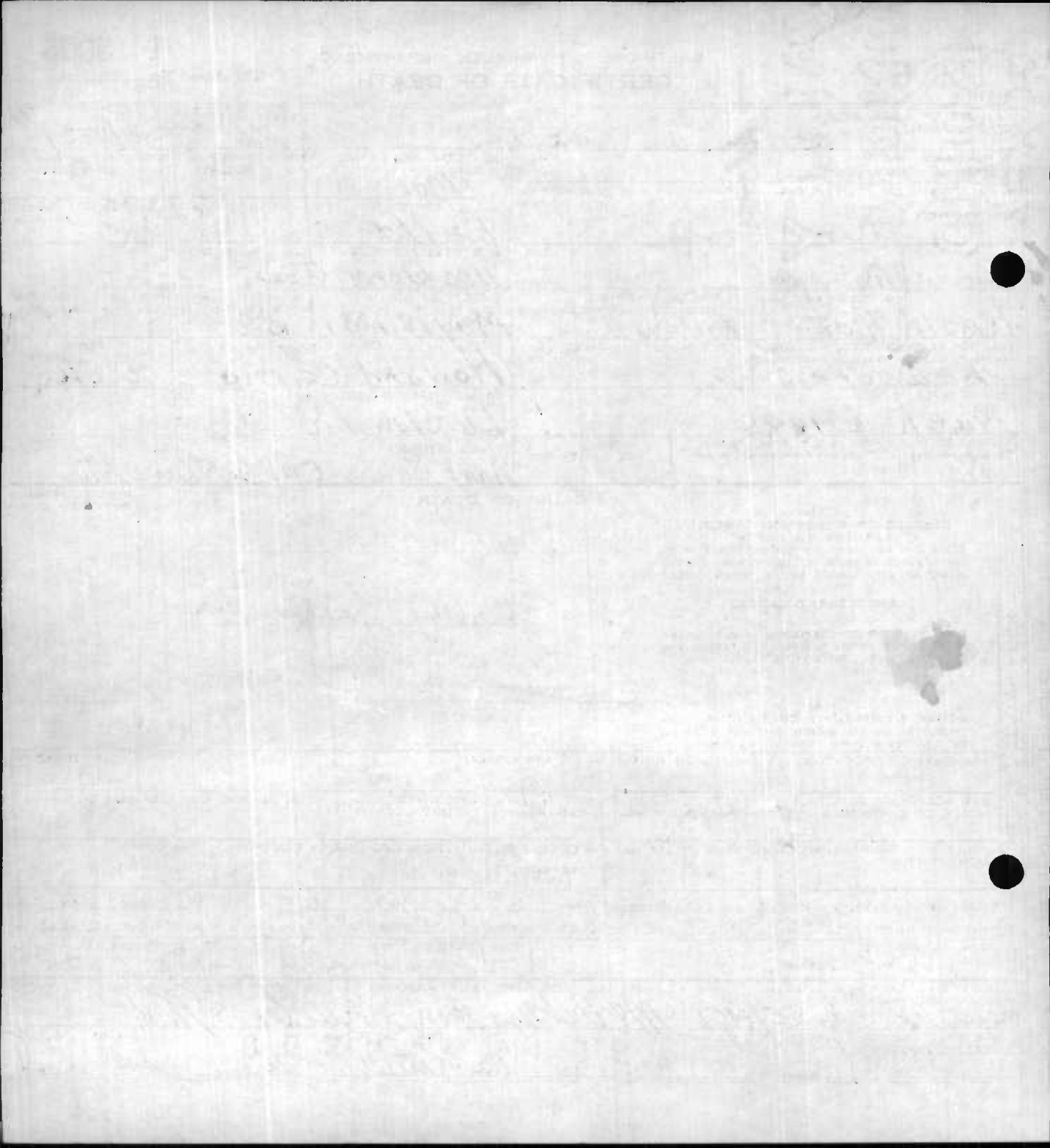
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



240
51 5607

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5607

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM H. MAXWELL

2. DATE
OF
DEATH

6-22-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

515 E. 28th ST.

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

515 E. 28th ST.

Length of stay in Baltimore

LIFETIME

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

2-13-1884

9. AGE (In years: last birthday)

67

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CUTTER

10B. KIND OF BUSINESS OR INDUSTRY

CLOTHING MANUFACTURER

11. BIRTHPLACE (State or foreign country)

BALTO. MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM H. MAXWELL

14. MOTHER'S MAIDEN NAME

CATHERINE GRAULING

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

FAMILY

515 E. 28th ST.

18. 4/22/1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Thrombosis

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

A.S.C.V. Disease

?

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6/14, 1951, to 6/22, 1951, that I last saw the deceased alive on 6/21, 1951, and that death occurred at 6 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Wm. J. Blum

M. D.

415 E. Calver St.

6/23/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

6-26-51

CEDAR HILL

ST. JOHNS CO.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 25 1951

William J. Blum

J. Walter Conklin 2343 HARFORD RD.

6-29-1921

WILLIAM H. MAX WELLS

212 E. 11th St.

212 E. 11th St.

212 E. 11th St.

212 E. 11th St.

212 E. 11th St.

212 E. 11th St.

212 E. 11th St.

212 E. 11th St.

212 E. 11th St.

212 E. 11th St.

212 E. 11th St.

CATHERINE J. MAX WELLS

WILLIAM H. MAX WELLS

212 E. 11th St.

212 E. 11th St.

WILLIAM H. MAX WELLS

WILLIAM H. MAX WELLS

645
51 5608BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5608

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ESTELLE V. IRELAND		6/22/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3902 S. Hanover Street		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3902 S. Hanover Street		9. AGE (In years last birthday) 48	
5. SEX F		8. DATE OF BIRTH II/24/I902	
6. COLOR OR RACE W		10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Liner	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M		10B. KIND OF BUSINESS OR INDUSTRY Pregle Co.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Liner		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME George Ealey		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Family - Same		ADDRESS	

18. 410X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	CAUSE OF DEATH Rheumatic Heart Disease, mitral stenosis DUE TO DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Bronchial asthma

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15, 1948 to 6/22, 1951, that I last saw the deceased alive on 6/21, 1951, and that death occurred at 3:45 m., from the causes and on the date stated above.

23A. SIGNATURE Samuel Rubin, M. D.
23B. ADDRESS 203 Tabor Ave. Baltimore
23C. DATE SIGNED 6/23/51

24A. BURIAL, CREMATION, REMOVAL (Specify) B	24B. DATE 6/26/51	24C. NAME OF CEMETERY OR CREMATORY Glen Haven Cem.	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR James L. H. Casey	ADDRESS - 130 E. Fort Ave.

100

10/10/10

RECEIVED

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

VALLEY
CONGRESS
SECOND
COUNCIL

10/10/10

10/10/10

10/10/10

10/10/10

200
5609

CERTIFICATE CORRECTED 7-2-51

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5609
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Natale Lucci

2. DATE
OF
DEATH

6/25/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4115 E Lombard St #24

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married Single

8. DATE OF BIRTH

7-8-1895

9. AGE (In years
last birthday)

55 5-7

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steel mill worker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Fortunata Lucci

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
213-07-4129

17. INFORMANT

ADDRESS

Mrs. Italia Lucci

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic Cardiovascular
renal disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/22, 1951 to 6/25, 1951; that I last saw the
deceased alive on 6/25, 1951, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Marguerite Louise Candler M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

6/25/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/25/51

24C. NAME OF CEMETERY OR CREMATORY

East Oak Grove

24D. LOCATION (City, town, or county)

Morgantown W. Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

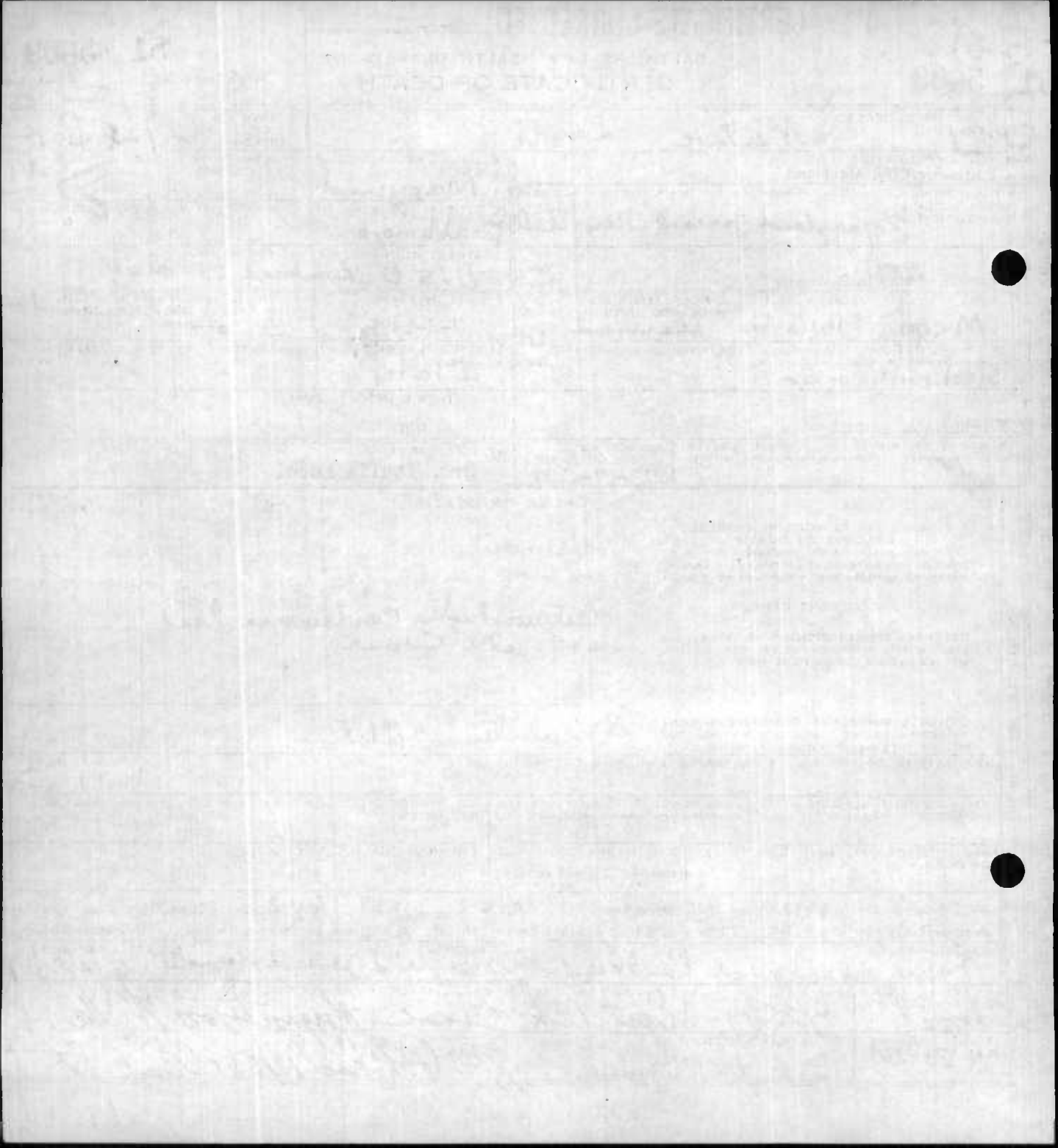
REGISTRAR'S SIGNATURE

Lester Williams

25. FUNERAL DIRECTOR

ADDRESS

J.M. [unclear] 1211 St Paul St



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5610

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PAUL David ISANOGLA

2. DATE
OF
DEATH

6-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

MARYLAND GENERAL HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE County

D. STREET ADDRESS (If rural, give location)

109 BELMAR AVE

5300

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

AUG. 10, 1892

9. AGE (In years,
last birthday)

58

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CHAUFFEUR

10B. KIND OF BUSINESS OR
INDUSTRY

Cab. Driver Sub Cab.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

SAMUEL ISANOGLA

14. MOTHER'S MAIDEN NAME

JENNY WELLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

212-05-8321

17. INFORMANT

HELEN ISANOGLA

ADDRESS

SAME

18. 157X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

ascending cholangitis

4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

cholecyst-jejunostomy

4 mo.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Carcinoma of Head of Pancreas

10 m.o.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

5-30-51 6-1-51

CARCINOMA OF HEAD OF PANCREAS

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 5-30, 1951 to 6-24, 1951, that I last saw the
deceased alive on 6-24, 1951, and that death occurred at 8:05 PM., from the causes and on the date stated above.

23A. SIGNATURE

Paul A. Herold

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

6-24-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

JUNE 27 1951

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM 4130 BELAIR ROAD

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walterton Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Duffel Bros. 7110 BELAIR ROAD

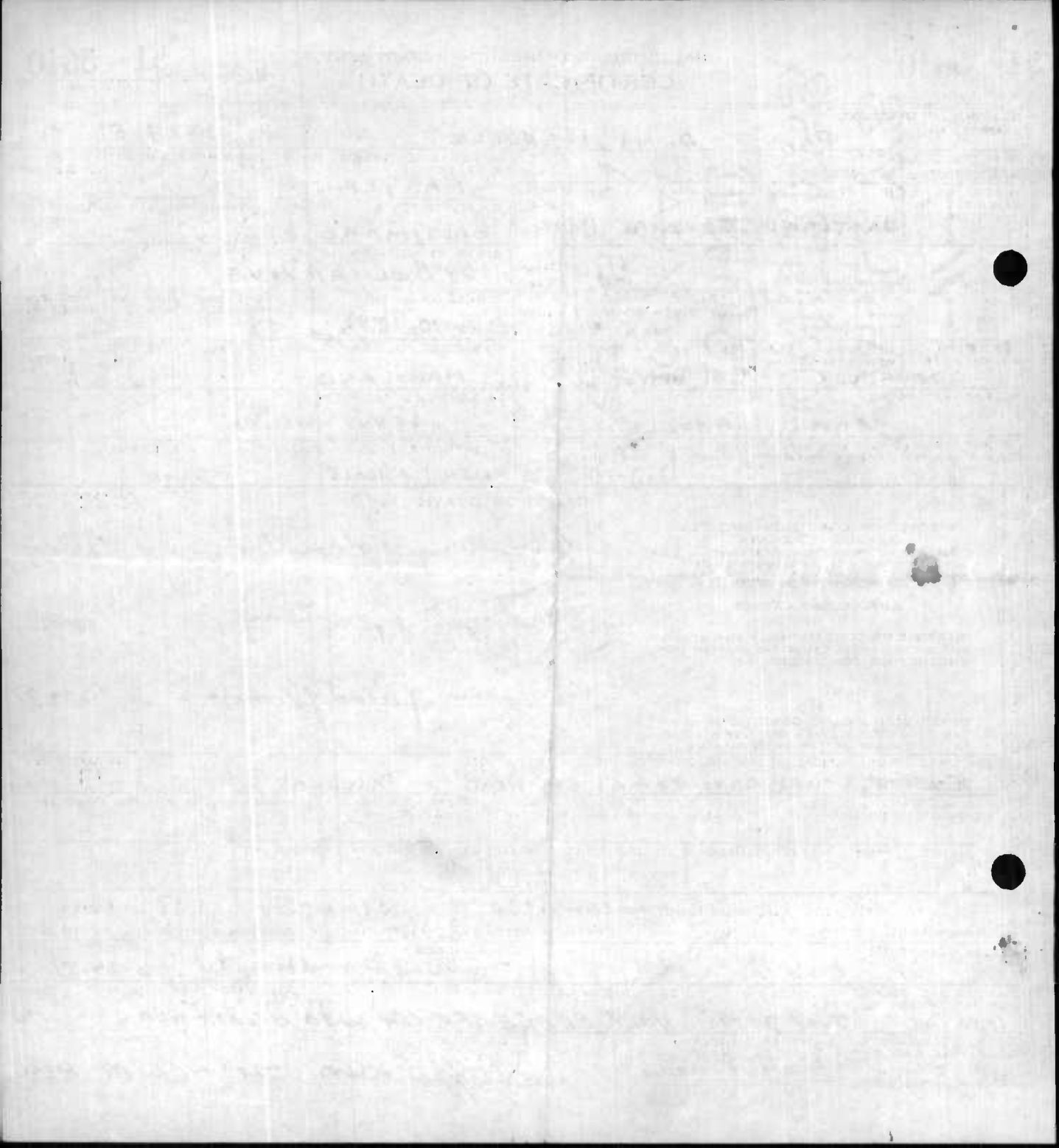
JUN 25 1951

VS 150

68254

469

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5611

BIRTH NO. 51 5611

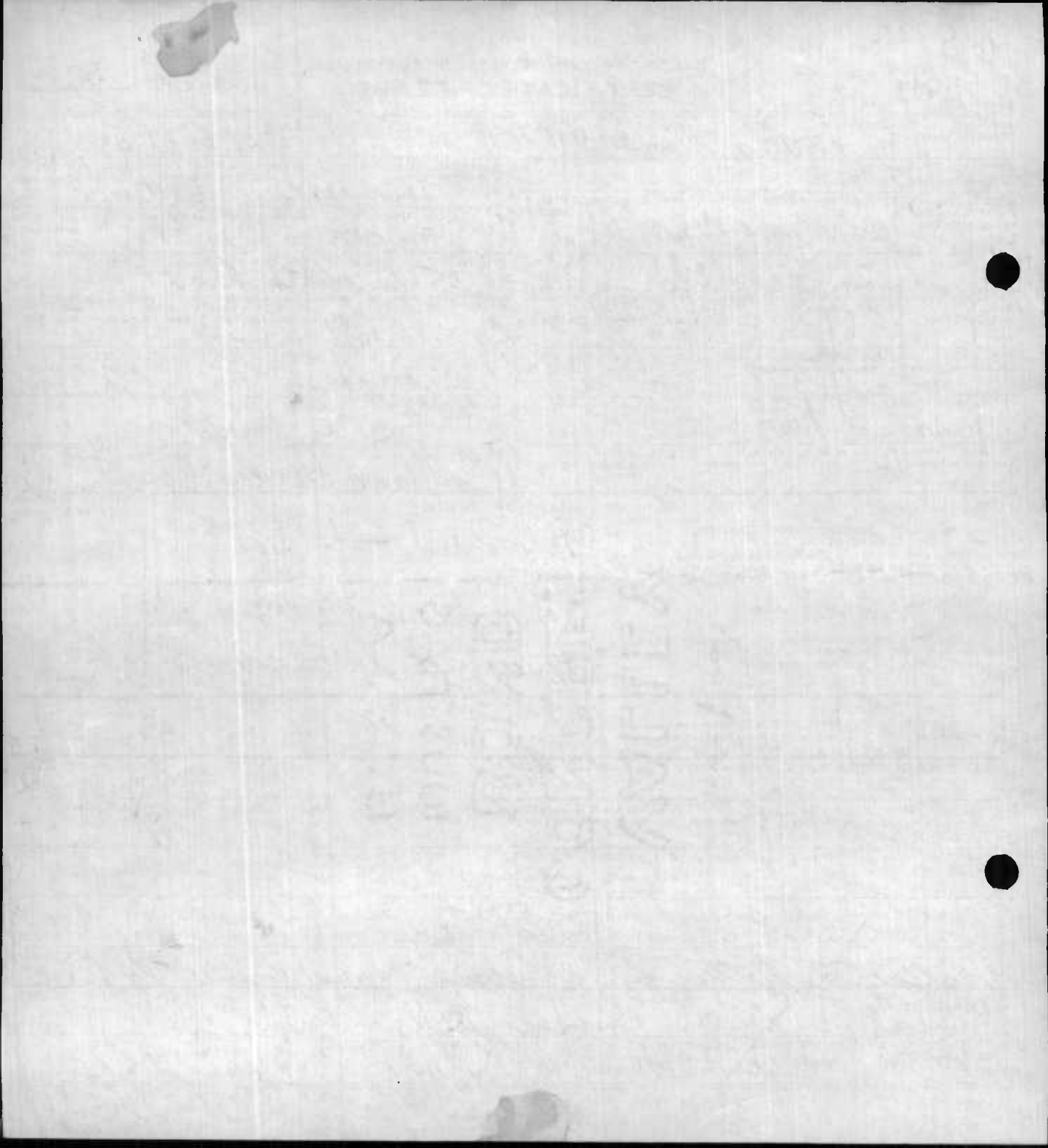
1. NAME OF DECEASED (Type or Print) <u>Rebecca Grim WARREN</u>		2. DATE OF DEATH <u>6-24-51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Memorial Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Towson</u>	
5. LENGTH OF STAY IN BALTIMORE <u>life</u>		D. STREET ADDRESS (If rural, give location) <u>505 Yarmouth Road</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept. 18, 1888</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (in years last birthday) <u>62</u>
13. FATHER'S NAME <u>Rodney F. Grim</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Eudora Gainer</u>	
17. INFORMANT <u>Mr. Wm. Charles Warren</u>		ADDRESS <u>505 Yarmouth Road</u>	

18. <u>4/20/1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <u>Myocardial infarction</u> DUE TO (B) <u>Arteriosclerosis of the coronary arteries</u> DUE TO (C) <u>Generalized arteriosclerosis</u>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>6-19-51</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>F</u>	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-19-, 1951, to 6-24, 1951, that I last saw the deceased alive on 6-24, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE <u>Wallace D. Butcher</u>	23B. ADDRESS <u>Union Memorial Hospital</u>	23C. DATE SIGNED <u>24 June 1951</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>6/27/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Louisa Park</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 25 1951</u>	REGISTRAR'S SIGNATURE <u>Wm. J. Williams, M.D.</u>	24D. LOCATION (City, town or county) (State) <u>Balto Md.</u>
25. FUNERAL DIRECTOR <u>Wm. J. Williams & Sons</u>		ADDRESS <u>940 Balto Md.</u>



correct age is especially important. Physicians please write the causes of death clearly and legibly.

360
51 5612

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5612
Registered No. _____

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) REV. HENRY CODYER C.P.	
2. DATE OF DEATH 6-24-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) ST. JOSEPH'S MONASTERY	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) BALTIMORE	
D. STREET ADDRESS (If rural, give location) 3800 FREDERICK RD.	
5. SEX M	6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUG. 1, 1908
9. AGE (In years last birthday) 42	10. UNDER 1 Year Months: Days
11. UNDER 24 Hours Hours: Min.	12. CITIZEN OF WHAT COUNTRY?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRIEST	10B. KIND OF BUSINESS OR INDUSTRY RELIGIOUS
11. BIRTHPLACE (State or foreign country) MASS.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME PETER CODYER	14. MOTHER'S MAIDEN NAME JENNIE SHORT
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO	16. SOCIAL SECURITY NO.
17. INFORMANT REV. COLMAN - 3800 FREDERICK RD.	ADDRESS
18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY THROMBOSIS DUE TO INTERVAL BETWEEN ONSET AND DEATH 6/24/51	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE DUE TO 1 + yrs	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/15 , 19 51 , to 6/24 , 19 51 that I last saw the deceased alive on 6/24 , 19 51 , and that death occurred at 9:50 p. m., from the causes and on the date stated above.	
23A. SIGNATURE Thos E O'Conch	23B. ADDRESS 3629 Edmondson Ave
23C. DATE SIGNED 6/25/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 6-28-51
24C. NAME OF CEMETERY OR CREMATORY ST. GABRIEL'S MONASTERY	24D. LOCATION (City, town, or county) (State) BOSTON MASS.
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1951	REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.
25. FUNERAL DIRECTOR'S ADDRESS George D. Farley - Fulton Ave Fayette St	

0098W

93D

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY

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BUREAU OF PLANT INDUSTRY

100
51 5613BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5613

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John T. Schupp

2. DATE
OF
DEATH

6/24/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

28 Univ. Hosp.

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 19-04

D. STREET ADDRESS (If rural, give location)

1714 Hollins St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)

75

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Penn.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John J. Schupp

14. MOTHER'S MAIDEN NAME

Sarah Engle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Univ. Hosp. Records

ADDRESS

18. 150X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of esophagus
DUE TO with metastasis and
invasion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION, LAST.(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-28-51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of esophagus with invasion
to Cardia Stomach & metastasis to regional nodes

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-22 1951 to 6-24 1951, that I last saw the
deceased alive on 6/24 1951, and that death occurred at 9:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

C. T. O. Stone M.D.

23B. ADDRESS

Univ. Hosp

23C. DATE SIGNED

6/24/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

General

24B. DATE

6-25-51

24C. NAME OF CEMETERY OR CREMATORY

Fairview Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 25 1951

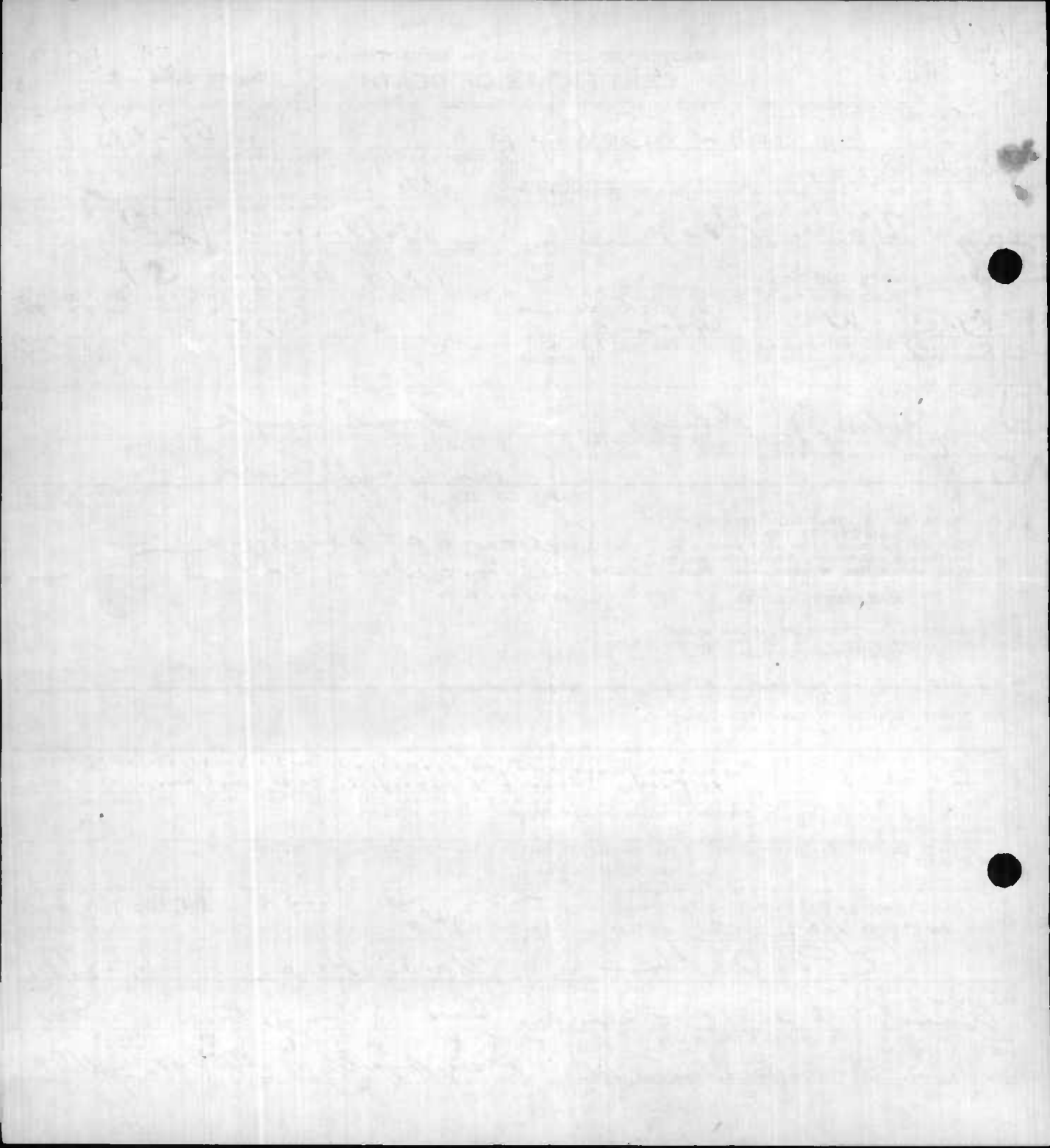
REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

George A. Fuley, 1400 E. Fayette St.

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5614
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY ESTELLE RIDGELL			2. DATE OF DEATH 6/25/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE MD B. COUNTY BALTO		
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3002 Littleton Rd		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept 9, 1895		9. AGE (In years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hsmt		10B. KIND OF BUSINESS OR INDUSTRY C. Home	11. BIRTHPLACE (State or foreign country) BALTIMORE MD		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George C. Abell			14. MOTHER'S MAIDEN NAME MARY McCully		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT B. Raymond Ridgell		
			ADDRESS 3002 Littleton Rd		

18. 174X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cancer of uterus	?		
ANTECEDENT CAUSES		DUE TO metastasis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/26 , 19 51 , to 6/25 , 19 51 , that I last saw the deceased alive on 6/25 , 19 51 , and that death occurred at 2A m., from the causes and on the date stated above.					
23A. SIGNATURE Frank Kuehn		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 6/25/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 27/51		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Balto. Md.		24E. FUNERAL DIRECTOR Harry H. Hutzler		24F. ADDRESS 4101 Edmondson Ave	
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1951		REGISTRAR'S SIGNATURE Wilmington Williams, Jr.			

360
51 5615

51 5615

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Effie May Ritter</i>		2. DATE OF DEATH <i>June 22, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>md.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>THE JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>631 N. Augusta Ave</i>			
5. Length of stay in Baltimore <i>Life</i>		Yrs. Mos. Days	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>8-5-84</i>
9. AGE (In years, months, days) <i>66</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	
11. BIRTHPLACE (State or foreign country) <i>md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>James F. Lee</i>		14. MOTHER'S MAIDEN NAME <i>Agnes Bichell</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>THE JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

CAUSE OF DEATH

18. *072X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Saccular ANEURYSM of Aorta due to Syphilis

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

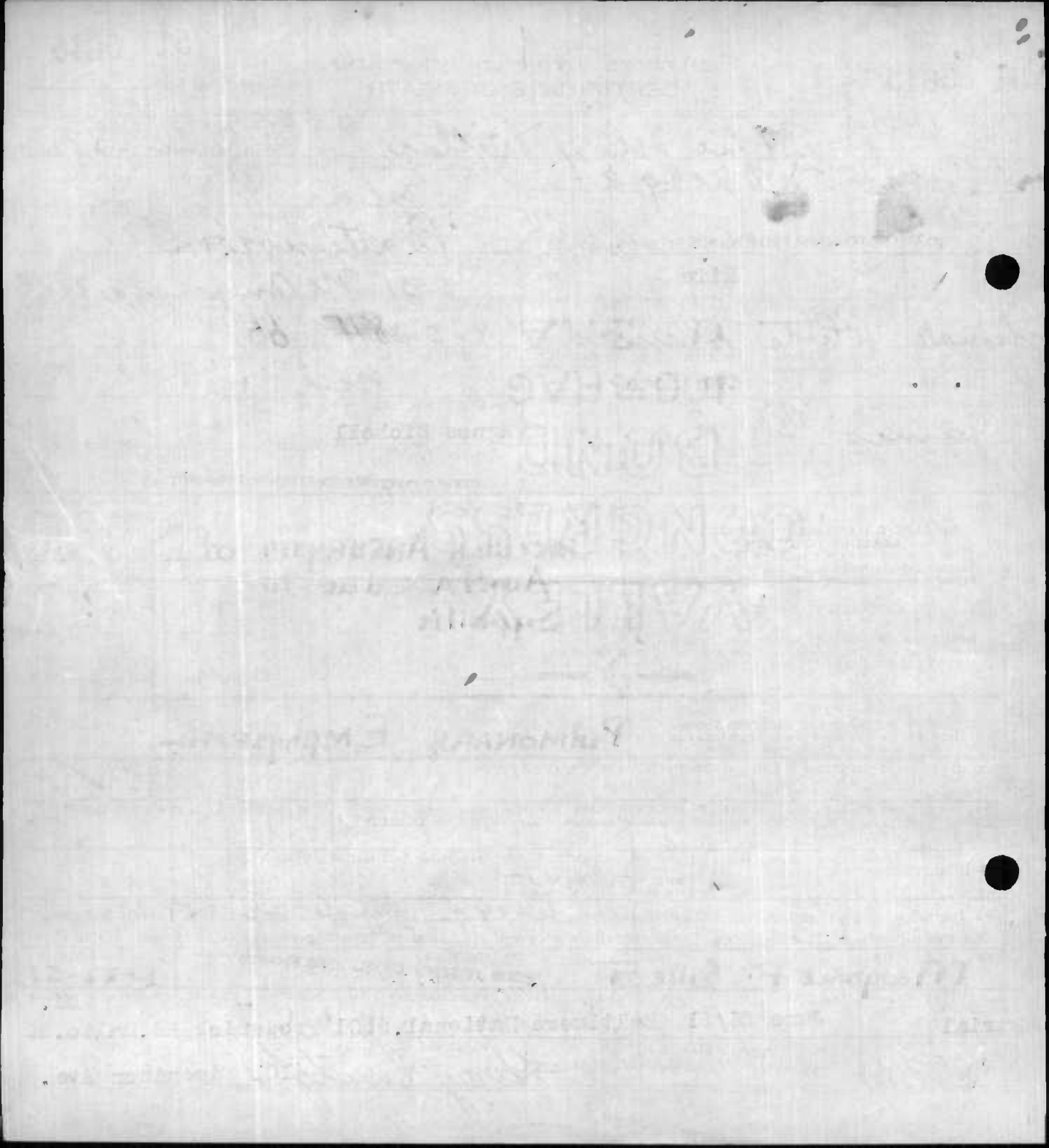
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*PULMONARY EMPHYSEMA*

19A. DATE OF OPERATION <i>7</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *6-19*, 19*51*, to *6-22*, 19*51* that I last saw the deceased alive on *6-22*, 19*51*, and that death occurred at *11:05 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Maryanne F. Ellison</i>		23B. ADDRESS <i>THE JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>6-22-51</i>	
---	--	--	--	---------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 26/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore National</i>		24D. LOCATION (City, town, or county) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 25 1951</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams, Jr.</i>		25. FUNERAL DIRECTOR <i>Harry A. Witzke</i>		ADDRESS <i>Edmondson Ave.</i>	



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5616

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Venus Augustus MATTHEWS</u>			2. DATE OF DEATH <u>June 23, 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>1823 W. Penrose Ave</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE</u>		
Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>1823 W. Penrose Ave</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6-14-1899</u>	9. AGE (In years last birthday) <u>52</u>	10. Under 1 Year Months: Days: <u>9</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Messenger Postman</u>			11. BIRTHPLACE (State or foreign country) <u>BALTIMORE, MARYLAND</u>		
10B. KIND OF BUSINESS OR INDUSTRY <u>U.S. P.O.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13. FATHER'S NAME <u>Epiphany Pembroke</u>			14. MOTHER'S MAIDEN NAME <u>CARRIE Chase</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>CARRIE Shaffer</u>		
			ADDRESS <u>1823 Penrose Ave</u>		

18. <u>581.0</u>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <u>Acute Pulmonary Congestion</u> DUE TO	<u>Day</u>
ANTECEDENT CAUSES	(B) <u>Cirrhosis of Liver</u> DUE TO	<u>Unknown</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <u>CARDIAC Decompensation</u>	<u>Week</u>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 20, 1951</u> , to <u>June 23, 1951</u> , that I last saw the deceased alive on <u>June 22, 1951</u> , and that death occurred at <u>10:15 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Richard H. Hunt</u>		23B. ADDRESS <u>1631 W. Franklin St.</u>		23C. DATE SIGNED <u>6-23-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>6-27-51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>MT. AUBURN</u>	24D. LOCATION (City, town, or county) (State) <u>BALTIMORE, MD.</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 25 1951</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, Jr.</u>	25. FUNERAL DIRECTOR <u>Wm. A. JACKSON</u>		ADDRESS <u>916 PENNA. AVE</u>	

CERTIFICATE OF DEATH

1. Name of deceased: [illegible]
2. Sex: [illegible]
3. Age: [illegible]
4. Date of birth: [illegible]
5. Date of death: [illegible]
6. Place of death: [illegible]
7. Cause of death: [illegible]
8. Signature of physician: [illegible]
9. Signature of registrar: [illegible]
10. Date of registration: [illegible]

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5617

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Arthur J Weiss

(ARTHUR JACOB WEISS, Sr.)

DATE
OF
DEATH

6/20/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mersey Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

1839 E. 29th St.

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 19, 1908

9. AGE (In years last birthday)

42

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

Policeman

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Balto Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Bernard Weiss

14. MOTHER'S MAIDEN NAME

Ella Blessing

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

?

17. INFORMANT

Mrs. Margaret S. Weiss

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial Infarct

INTERVAL BETWEEN ONSET AND DEATH

90 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Occlusion

90 min

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1951 to 6/23, 1951, that I last saw the deceased alive on 6/23, 1951, and that death occurred at 10 AM., from the causes and on the date stated above.

23A. SIGNATURE

Frank J. Laik

M. D.

23B. ADDRESS

Mersey Hosp

23C. DATE SIGNED

6/20/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

6/26/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore, Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 25 1951

REGISTRAR'S SIGNATURE

Henry Sander & Sons, Inc

24E. ADDRESS

BALTO., 13, MD.

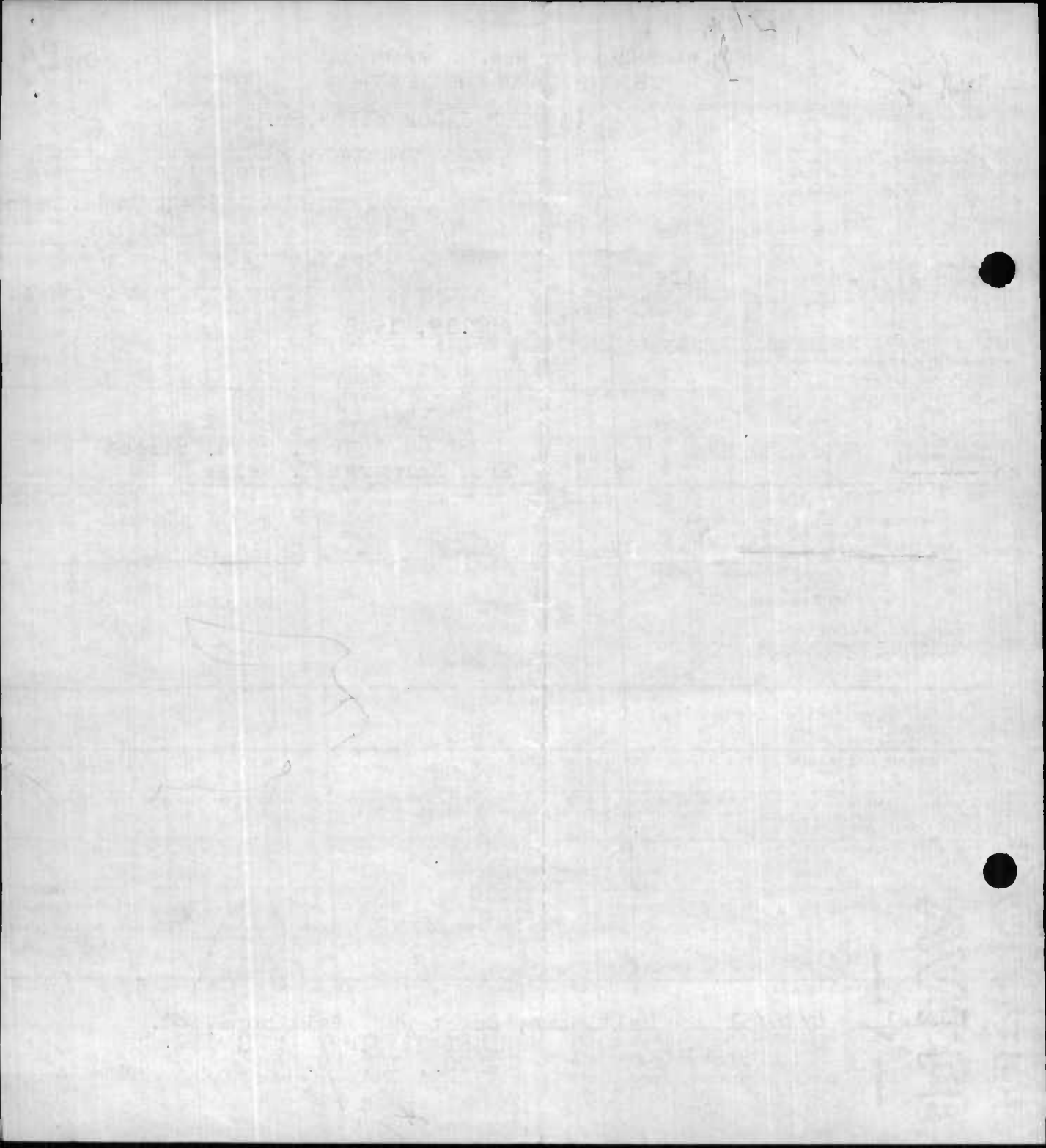
24F. SIGNATURE

Henry Sander

VS 150

773 93

94a



252
5618

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5618

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK T. HIGGINS

2. DATE
OF
DEATH

JUNE 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

CITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1813 N. Collington Avenue

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Aug. 6, 1899

9. AGE (In years
last birthday)

51

if Under 1 Year
Months: Days

if Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
watchman

10B. KIND OF BUSINESS OR
INDUSTRY
Canton R.R. Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Francis T. Higgins

14. MOTHER'S MAIDEN NAME

Christiana Foerster

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

705-10-9303

17. INFORMANT 1813 N. Collington Avenue

Mrs. Christiana Higgins

18. E974X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Asphyxiation due to hanging

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
R.R. Pier

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)
Pier 7, Canton R.R.,

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

June 23 1951 8 p.m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

HANGED SELF by rope.

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☒ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley J. Dunleavy, M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
June 24, 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6/26/51

24C. NAME OF CEMETERY OR CREMATORY

Trinity Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 25 1951

REGISTRAR'S SIGNATURE

Henry Sander & Sons, Inc.

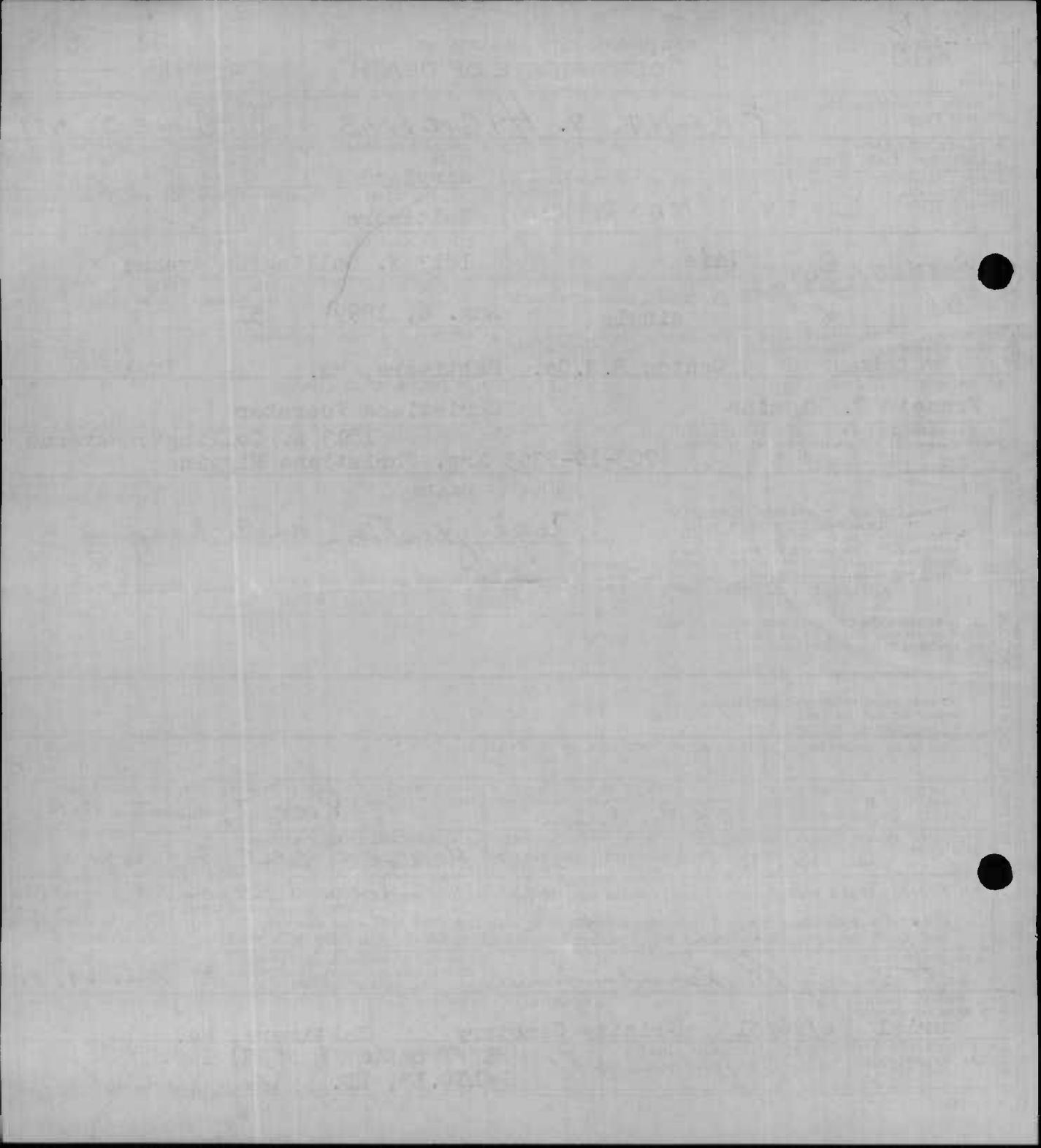
HENRY SANDER & SONS INC.
BALTO. 13, MD.

VS 151

N-991x

763 50

164a



365
51 5619BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5619

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Thomas Stromberg

2. DATE
OF
DEATH 6-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland COUNTY BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

U.S. Marine Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Catonsville 5300D. STREET ADDRESS (If rural, give location)
DeVare Lane at Frederick Rd.

Length of stay in Baltimore

10 Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Nov. 11, 1878

9. AGE (In years last birthday)

72

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Coast Guard Retired

10B. KIND OF BUSINESS OR INDUSTRY

d U.S. Coast Guard

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?
US USA

13. FATHER'S NAME

Anthony P. Stromberg

14. MOTHER'S MAIDEN NAME

Mary Ella ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

Yes Rear Admiral length

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Hospital records

ADDRESS

18. 430.0 of service unknown

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia

DUE TO

recent

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Subacute Bacterial Endocarditis

DUE TO

unknown

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1951, to June 24, 1951, that I last saw the deceased alive on June 24, 1951, and that death occurred at 3:30A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

U.S. Marine Hospital

6-24-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

REMOVAL 6/26/51 OCEAN VIEW ASTORIA OREGON

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 25 1951

Washington Williams, M.D.

Easton Sons, Catonsville

U.S. Marine Hospital
Camp Lejeune, North Carolina
Nov. 11, 1918
Dear Sir:
I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the above mentioned matter.
The same has been forwarded to the proper authorities for their consideration.
Very respectfully,
J. H. [Name]
U.S. Marine Hospital
Camp Lejeune, North Carolina

620
51 5620BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5620

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years;
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 352X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/22, 1951, to 6/22, 1951, that I last saw the
deceased alive on 6/22, 1951, and that death occurred at 3:20 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

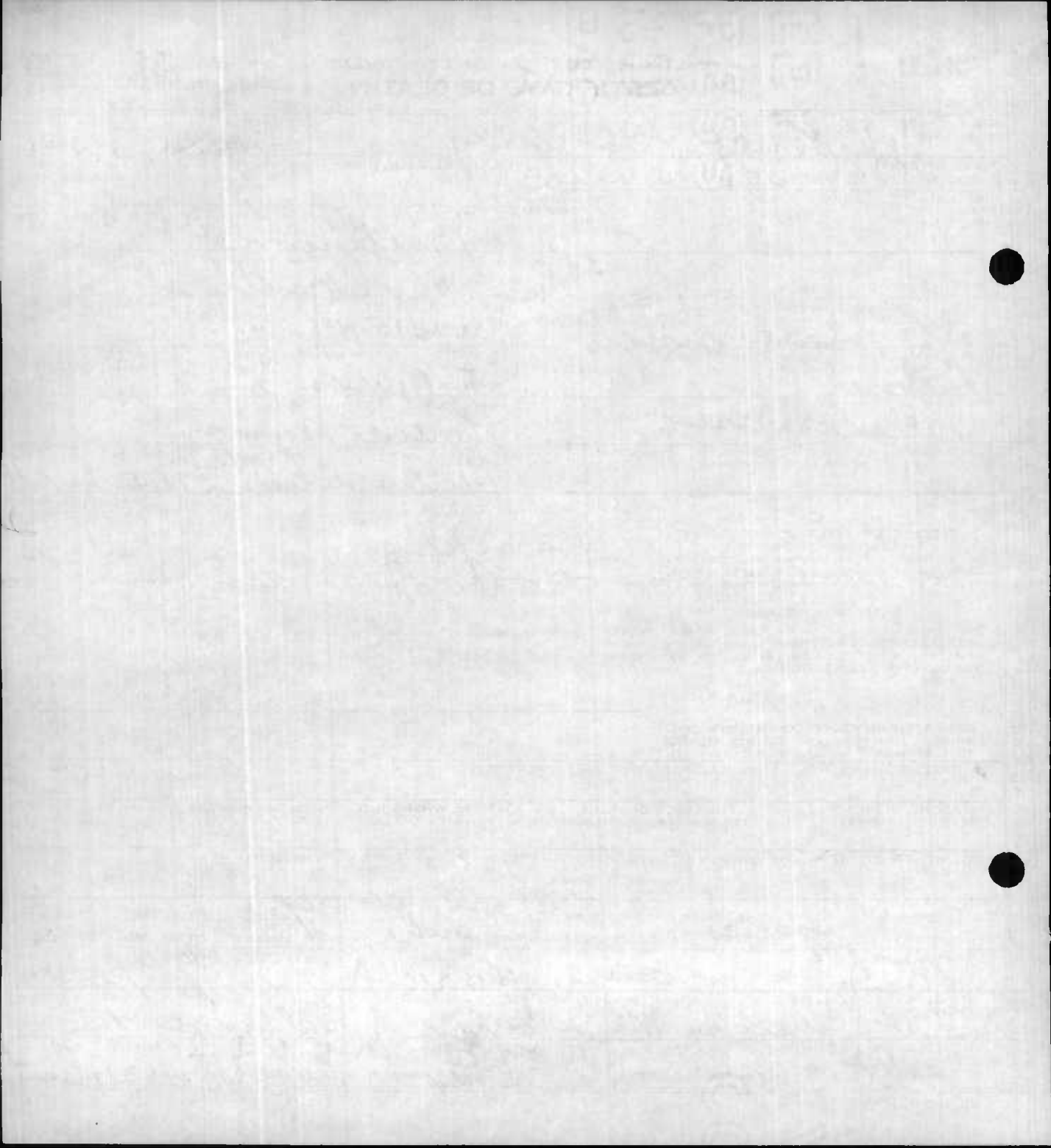
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5621

Registered No. _____

51 5621
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Frances C. Tracey		2. DATE OF DEATH 6-21-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Harford Convalescent Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 215 N. Maderia Street	
7. SEX F	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. AGE (In years last birthday) 61
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. KIND OF BUSINESS OR INDUSTRY Housewife	
13. FATHER'S NAME John Wayson		14. MOTHER'S MAIDEN NAME Ursula ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Matthew Rachuba		ADDRESS 1227 N. Ellwood Avenue	

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) HYPERTENSIVE C.V. DISEASE DUE TO (B) HYPERTENSION DUE TO (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH 2 YEARS 6 YEARS
--	--

19A. DATE OF OPERATION 6		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JAN. 1, 1949 to 6/21, 1951 , that I last saw the deceased alive on 6/21, 1951 , and that death occurred at 10:20 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Benj. B. Morris, M.D.		23B. ADDRESS 448 N. Luzerne Ave		23C. DATE SIGNED 6/22/51	
24A. BURIAL, CREMATION, REINTERMENT (Specify)		24B. DATE 6-26-51		24C. NAME OF CEMETERY OR CREMATORY Baltimore	
				24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 25 1951		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR St. Mary's	
				ADDRESS 403 S. Wolfe Street	

Dr. Moses.

448 N. Luzerne Ave.

51 5622

51 5622

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Robert FRANKLIN Elliott

2. DATE
OF
DEATH

6-25-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Virginia

B. COUNTY

V-43

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Hampton

D. STREET ADDRESS (If rural, give location)

RFD 3

c. Length of stay in Baltimore

9

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Nov. 1875

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Truck Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

Farm

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Sim Elliott

14. MOTHER'S MAIDEN NAME

Low Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records - Union Memorial Hos.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

HEPATIC INSUFFICIENCY

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) CARCINOMA OF PANCREAS

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

ARTERIOSCLEROSIS, GENERALIZED

19A. DATE OF OPERATION

June 22, 1951

19B. MAJOR FINDINGS OF OPERATION

Cancer of head of pancreas

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg, etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from June 16, 1951, to June 25, 1951, that I last saw the
deceased alive on June 25, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Francis H. Water

23B. ADDRESS

M. D. Union Memorial Hosp

23C. DATE SIGNED

6-25-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6-27-1951

24C. NAME OF CEMETERY OR CREMATORY

CLARKS

24D. LOCATION (City, town, or county)

FOX HILL,

VA.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

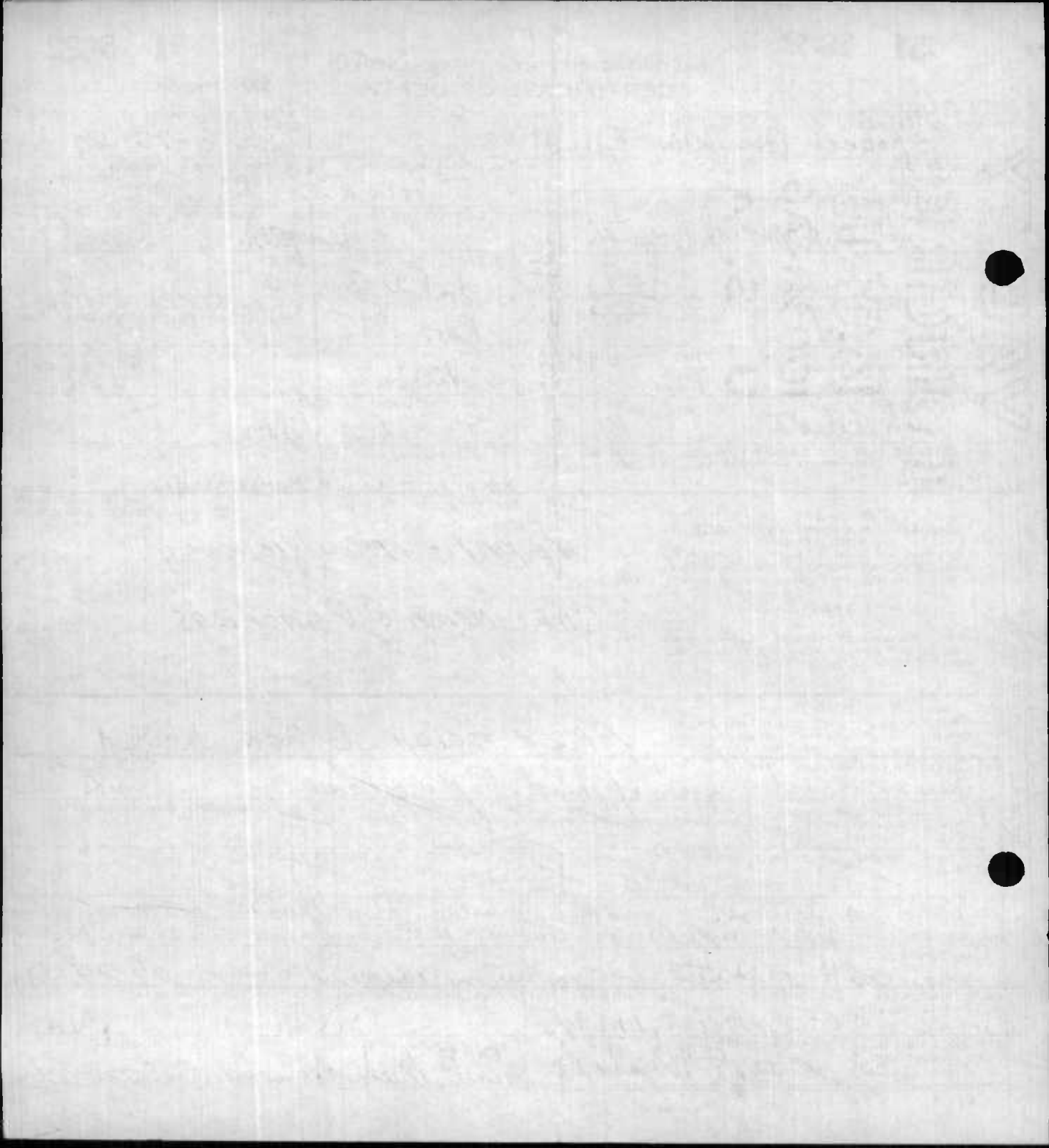
JUN 26 1951

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John C. Mitchell & Sons Inc. 1900 Entaw Place



520 51 5623

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5623
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth F. Tunis

2. DATE
OF
DEATH

June 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Wheeler Nursing Home

1700 Park Avenue

35

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

13-07

D. STREET ADDRESS (If rural, give location)

515 W. 40th St.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 3, 1876

9. AGE (In years
last birthday)

75

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Thomas C. Ferebee

14. MOTHER'S MAIDEN NAME

Mary Elizabeth Wallace

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elizabeth T. Colwill-515 W. 40th St.

18. 337X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

cerebral thrombosis

7 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized arterio Sclerosis

2 years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949 to June 23, 1951, that I last saw the
deceased alive on June 23, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

6 E. Eager St.

6 - 25 - 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6 - 26 - 51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

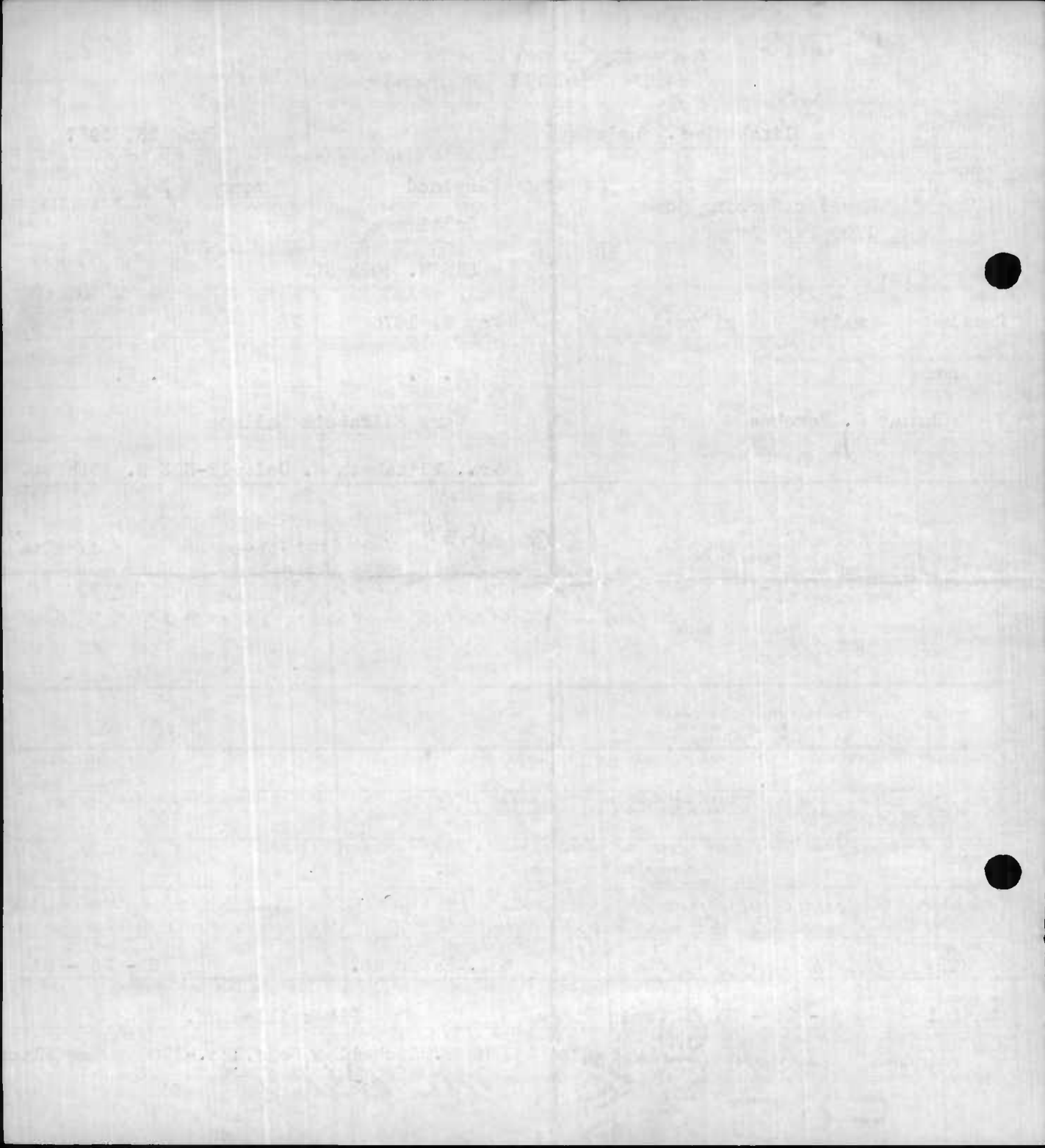
ADDRESS

John O. Mitchell & Sons, Inc.-1900 Eutaw Place

JUN 26 1951

VS 150

83B



620

51 5624

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5624

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Eurich

2. DATE
OF
DEATH

June 25-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4212 Parkmont Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baito

5300

D. STREET ADDRESS (If rural, give location)

7414 Brookwood Rd

Length of stay in Baltimore

1 1/2
Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 9, 1869

9. AGE (In years
last birthday)

81

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

Over Home

11. BIRTHPLACE (State or foreign country)

Baito. City

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Jacob Eurich, 7414 Brookwood Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic heart disease

20 yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from June 18, 1951, to June 25, 1951, that I last saw the
deceased alive on June 25, 1951, and that death occurred at 12:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Adam Gleaves

23B. ADDRESS

M. D.

6232 Belair Rd

23C. DATE SIGNED

June 25, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Exhumation
DATE RECEIVED BY
LOCAL REGISTRAR

6/27/51

REGISTRAR'S SIGNATURE

Wilmington Williams, Md

25. FUNERAL DIRECTOR

ADDRESS

Frederick Funeral Home 7414 Belair Rd.

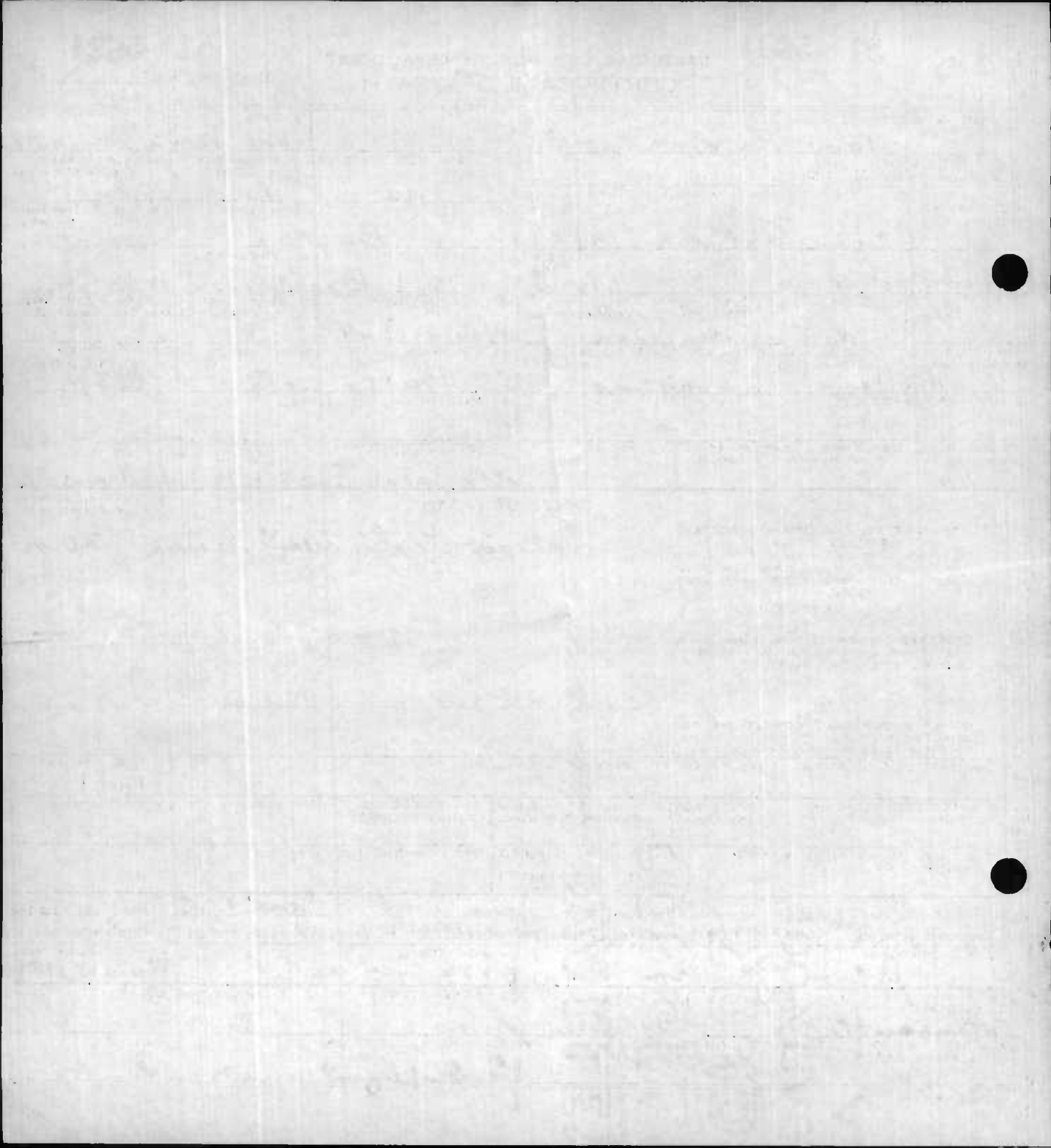
JUN 26 1951

VS 150

93D

MEDICAL CERTIFICATION

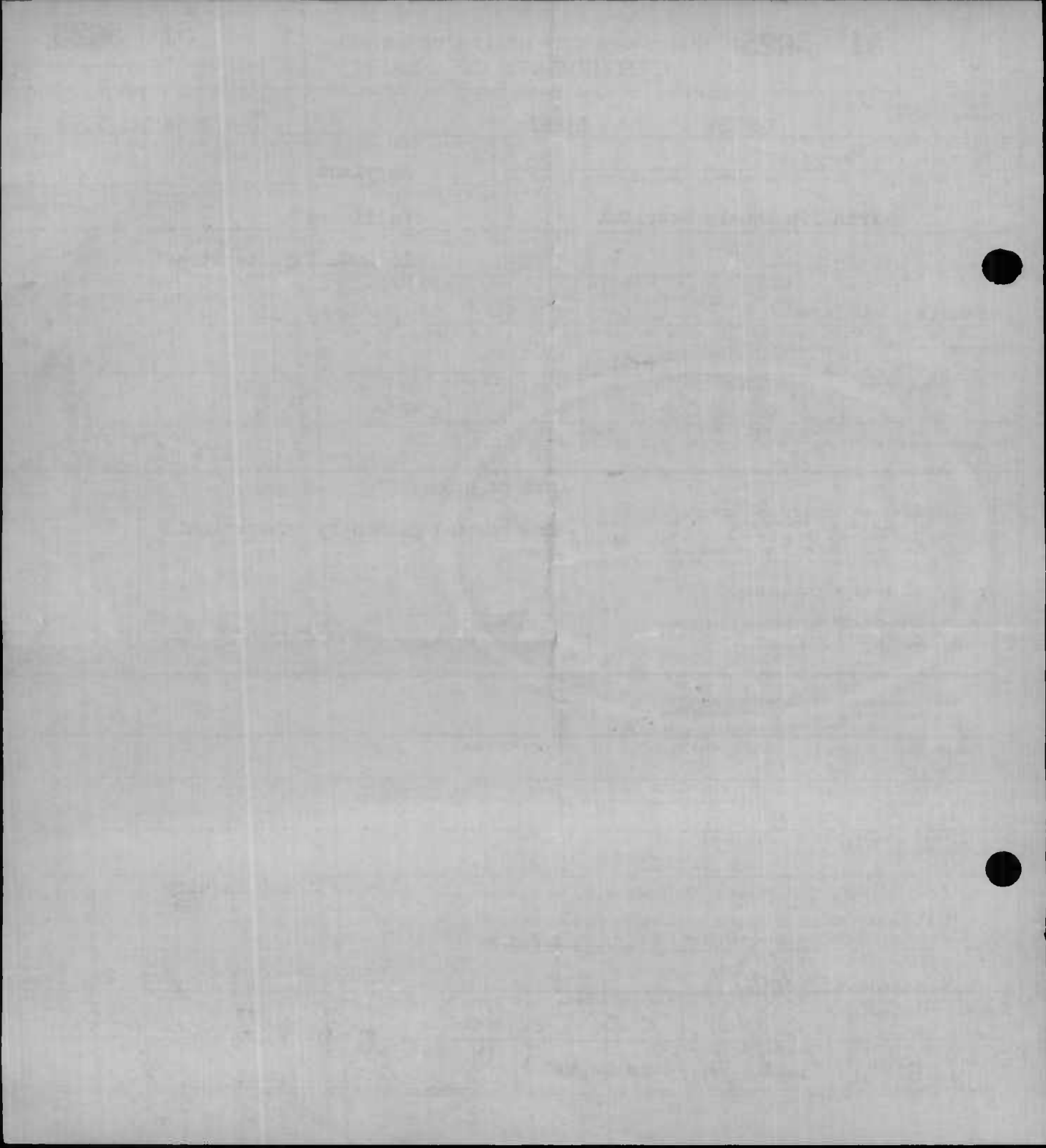
correct age is especially important. Physicians, please print the cause of death clearly and legibly.



BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	
LOUISE HENRY	
2. DATE OF DEATH	
June 24, 1951	
3. PLACE OF DEATH:	
A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location)	
Franklin Square Hospital	
length of stay in Baltimore	
Yrs. Mos. Days	
4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)	
A. STATE	
Maryland	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Baltimore 19-02	
D. STREET ADDRESS (If rural, give location)	
1612 W. Fayette Street	
5. SEX	
Female	
6. COLOR OR RACE	
Colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
married	
B. DATE OF BIRTH	
Feb-10-1920	
9. AGE (In years last birthday)	
31	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
waitress	
10B. KIND OF BUSINESS OR INDUSTRY	
Tavern	
11. BIRTHPLACE (State or foreign country)	
Va.	
12. CITIZEN OF WHAT COUNTRY?	
U.S.A.	
13. FATHER'S NAME	
John Lampkin	
14. MOTHER'S MAIDEN NAME	
Rose	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
no	
16. SOCIAL SECURITY NO.	
no	
17. INFORMANT	
William Henry - Fayette St	
ADDRESS	
1612 -	
18. CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
(A) Far advanced pulmonary tuberculosis	
DUE TO	
ANTECEDENT CAUSES	
(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .	
23A. SIGNATURE	
William V. Smith	
23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED	
June 25, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)	
Burial	
24B. DATE	
6/28/51	
24C. NAME OF CEMETERY OR CREMATORY	
Mt. Calvary	
24D. LOCATION (City, town, or county) (State)	
Cedar Hill Md.	
DATE RECEIVED BY LOCAL REGISTRAR	
JUN 26 1951	
REGISTRAR'S SIGNATURE	
W. Halstead	
25. FUNERAL DIRECTOR	
ADDRESS	
784 6th Street Hill are. 13B	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



536 51 5626

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5626

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BESSIE AMOUR		2. DATE OF DEATH 6/25/1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital, or institution, give street address or location) FEINBLATT'S NURSING HOME		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 3-01	
C. Length of stay in Baltimore 45 Yrs. Mon. Days		D. STREET ADDRESS (If rural, give location) 23 S. EDEN ST	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		11. BIRTHPLACE (State or foreign country) RUSSIA	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME MORTON		14. MOTHER'S MAIDEN NAME SPRINZA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS 1599C AMOUR - 23 S. EDEN ST	

18. **332X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) **Acute Cerebral Embolism**
DUE TO
(B) **General Arteriosclerosis**
DUE TO
(C) **Acute Cardiac Failure**

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 6/25		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/2 , 19 51 , to 6/25 , 19 51 , that I last saw the deceased alive on 6/25 , 19 51 , and that death occurred at 2 P. m., from the causes and on the date stated above.					
23A. SIGNATURE A. H. Hornstein		23B. ADDRESS 204 E. Biddle St		23C. DATE SIGNED 6/26/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 6/26/1951		24C. NAME OF CEMETERY OR CREMATORY WASH. BLVD	
24D. LOCATION (City, town, or county) BALTO		24E. LOCATION (City, town, or county) MD		24F. LOCATION (City, town, or county)	
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1951		REGISTRAR'S SIGNATURE Wm. Williams		25. FUNERAL DIRECTOR John S. Sells Inc.	
LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		ADDRESS 612900 Eutan PL	

Mr. Hornstein

204 E Biddle St

LA-6100

51 5627

51 5627

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

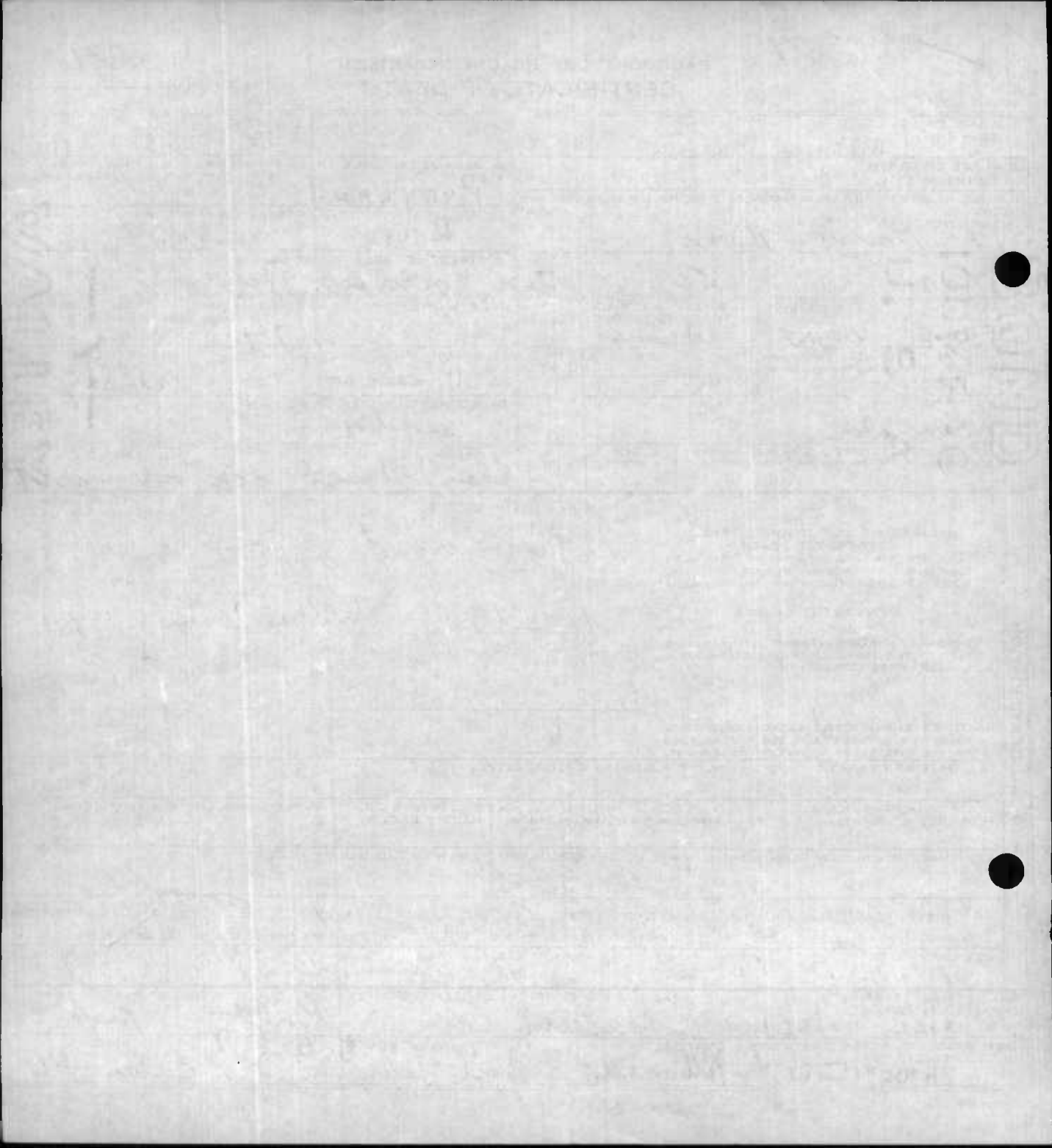
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mitnick, Mrs Rose</i>		2. DATE OF DEATH <i>6/25/51 3 Pm</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>BALTO.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>THE MOUNT HOME</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTO. 15-10</i>	
5. Length of stay in Baltimore <i>50</i> Yrs. <i>Mrs.</i> Days		D. STREET ADDRESS (If rural, give location) <i>Nonlinear Rd 3820 Garrison Blot.</i>	
6. SEX <i>FEMALE</i>	7. COLOR OR RACE <i>WHITE</i>	8. DATE OF BIRTH <i>74</i>	9. AGE (In years last birthday) <i>74</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		11. BIRTHPLACE (State or foreign country) <i>Russia</i>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>U.S. 9</i>	
13. FATHER'S NAME <i>Menasha</i>		14. MOTHER'S MAIDEN NAME <i>Zelma</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Elaine Shays</i>		ADDRESS <i>3820 Garrison Blot.</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i> DUE TO <i>Hypertensive Cardio-Vas. Disease</i> DUE TO <i>II</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <i>Coronary Thrombosis</i> <i>Hypertensive Cardio-Vas. Disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>1 year.</i>
---	---	--

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>May 2, 1950</i> , to <i>June 25, 1951</i> , that I last saw the deceased alive on <i>June 25, 1951</i> , and that death occurred at <i>3:30 p.m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Manuel Levin</i>	23B. ADDRESS <i>4818 Reisterstown Road</i>	23C. DATE SIGNED <i>6/25/51</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>6/26/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Southern Ave</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 26 1951</i>	REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Jack Lewis Inc - 2100 Eutaw Pl</i>	ADDRESS <i>619</i>



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

200

51 5628

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5628

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Jennie Bass</i>		2. DATE OF DEATH <i>6/25/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hosp. of Md.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>15-03</i>	
5. Length of stay in Baltimore <i>43</i> Yrs. Days		D. STREET ADDRESS (If rural, give location) <i>1601 N. Bentall St.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Harry</i>		14. MOTHER'S MAIDEN NAME <i>Bessie</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Benj Bass</i>		ADDRESS <i>1601 N. Bentall St</i>	

MEDICAL CERTIFICATION

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Bilat. pleural effusion</i> <i>Congestive Ht. Failure</i> (B) <i>Arteriosclerotic C-V Dis</i> (C) _____	INTERVAL BETWEEN ONSET AND DEATH
--	---	----------------------------------

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>6/25</i> , 19 <i>51</i> , to <i>6/25</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>6/25</i> , 19 <i>51</i> , and that death occurred at <i>2:30 P.m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Joseph D. Lichtenberg</i>	23B. ADDRESS <i>Lutheran Hosp. of Md.</i>	23C. DATE SIGNED <i>6/25/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6/26/1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Greenleaf</i>
24D. LOCATION (City, town, or county) <i>Balto</i>		(State) <i>Md</i>

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Wilmington Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>John Lewis Co</i>	ADDRESS <i>2100 Eutaw Pl</i>
JUN 26 1951			
7208A			
937			

CENTRIC OF DECADE



260

51 5629

HEICHER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5629

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret E Heicher

2. DATE
OF
DEATH

June 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Ohio

B. COUNTY

V-32

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Columbus

D. STREET ADDRESS (If rural, give location)

2500 E. Livingston Ave.

Length of stay in Baltimore

9 DAYS

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9-1-42

9. AGE (In years
last birthday)

8

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

SAINT LOUIS MO.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Truman Heicher

14. MOTHER'S MAIDEN NAME

HAZEL HOWELL'S

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Infarction

3 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Congenital Heart Disease
(Transposition of Great Vessels)

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Post-operative Hemorrhage

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 6-23, 1951, to 6-25, 1951, that I last saw the
deceased alive on 6-25, 1951, and that death occurred at 535 P.M., from the causes and on the date stated above.

23A. SIGNATURE

David J. Salter, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

JUNE 29, 1951

STAUNTON CITY

STAUNTON

Mo. 66

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 26 1951

Wilmington, Delaware

Deborah Ann Macos

5118 Sycamore Oak Ave
157E

Chapman & Johnson
Engineers & Builders
New York City

John F. Johnson
New York City

51 5630

51 5630

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KEITH, CHARLES A. JR.

2. DATE
OF
DEATH

6/25/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

MD

B. COUNTY

BALTO.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

FRANKLIN SQ. Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

21-02

D. STREET ADDRESS (If rural, give location)

1270 SARGENT ST

Length of stay in Baltimore

51 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

3-3-1900

9. AGE (In years last birthday)

51

10. Under 1 Year
Months: Days
Hours: Min.

3 22

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

GARAGE COLLECTOR

10B. KIND OF BUSINESS OR INDUSTRY

BALTO. CITY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

CHARLES A. KEITH, SR.

14. MOTHER'S MAIDEN NAME

AGNES R. HAWKINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

WW I

16. SOCIAL SECURITY NO.

218-10-5554

17. INFORMANT

ADDRESS

ALICE KEITH O'BRIEN 3014 Edmonson Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ACUTE CORONARY OCCLUSION

1 1/2 Hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ARTERIOSCLEROTIC HEART DISEASE

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6/25/51, 1951, to 6/25, 1951, that I last saw the deceased alive on 6/25, 1951, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 26 1951

Wm. J. Williams, M.D.

J. Howard Strong 3207 W. North Ave

VS 150

9705G

93D

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH, MASSACHUSETTS

FILE NO. _____

DATE _____

TIME _____

AGE _____

SEX _____

RACE _____

EDUCATION _____

RELIGION _____

DATE OF BIRTH _____

PLACE OF BIRTH _____

DATE OF DEATH _____

PLACE OF DEATH _____

CAUSE OF DEATH _____

MANNER OF DEATH _____

DECEASED'S SIGNATURE _____

DECEASED'S ADDRESS _____

DECEASED'S OCCUPATION _____

DECEASED'S MARITAL STATUS _____

DECEASED'S SOCIAL SECURITY NUMBER _____

DECEASED'S DATE OF ENTRY INTO THE U.S. _____

DECEASED'S DATE OF DEPARTURE FROM THE U.S. _____

DECEASED'S DATE OF RETURN TO THE U.S. _____

DECEASED'S DATE OF DEATH _____

300

51 5631

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5631
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary E. White

2. DATE
OF DEATH June 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 2142 Mt. Holly St.,4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-09D. STREET ADDRESS (If rural, give location)
2142 Mt. Holly St.,74-Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

B. DATE OF BIRTH

Sept. 29, 1876

9. AGE (In years last birthday)

74

If Under 1 Year Months: Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-wife

10B. KIND OF BUSINESS OR INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

J. Henry Schott

14. MOTHER'S MAIDEN NAME

Margaret E. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
none17. INFORMANT ADDRESS
Robert W. White, Jr. 2142 Mt. Holly St.

18. 4201

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis

3 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardiovascular Disease ?

DUE TO

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Cardiovascular Disease, Hypertension ?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 1951, to June 23, 1951, that I last saw the deceased alive on 6/23, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6-26-51

Lorraine Park

Woodlawn,

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 26 1951

Huntington Williams, Jr.

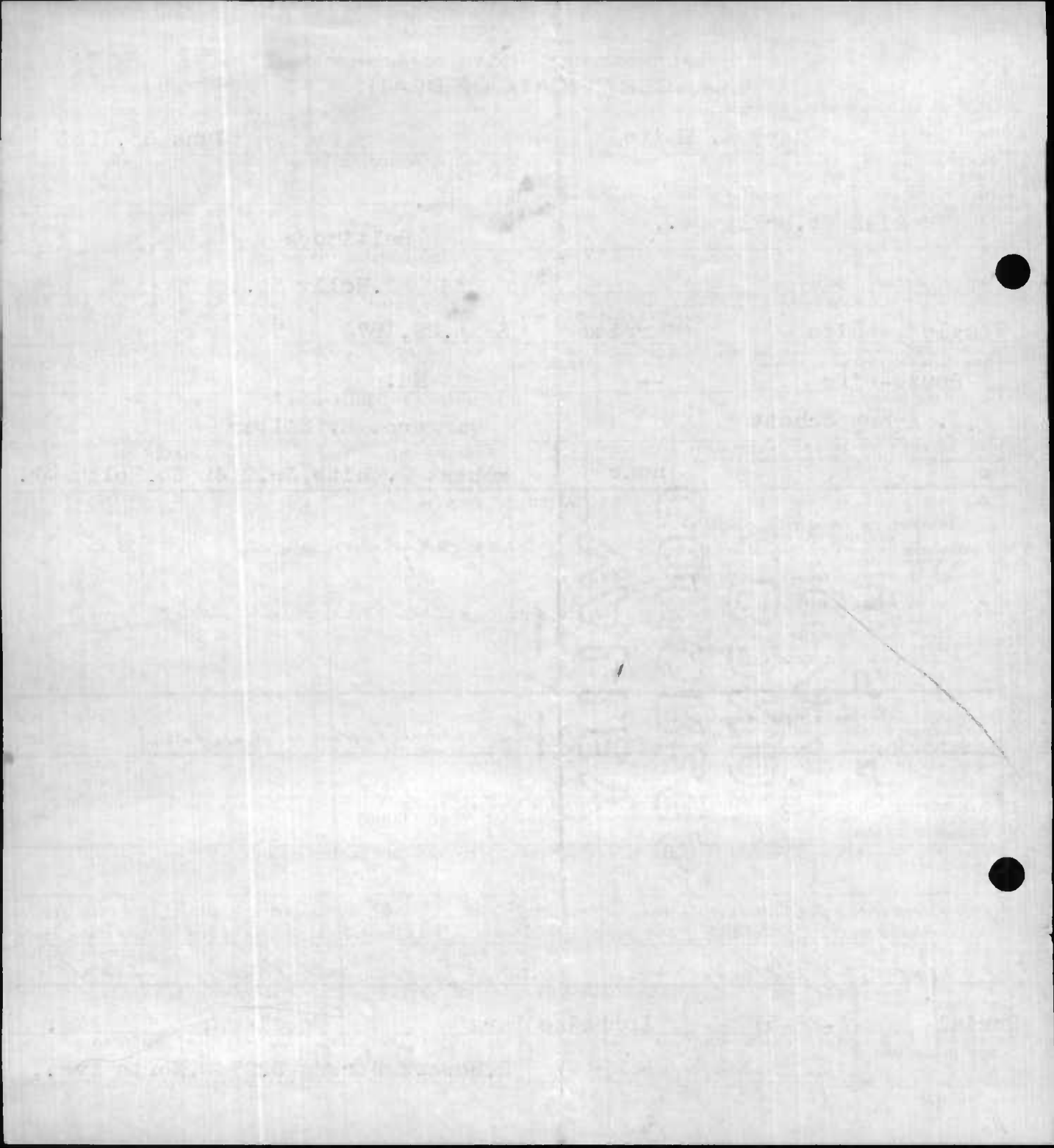
G. Howard Strong 3207 W. North Ave.,

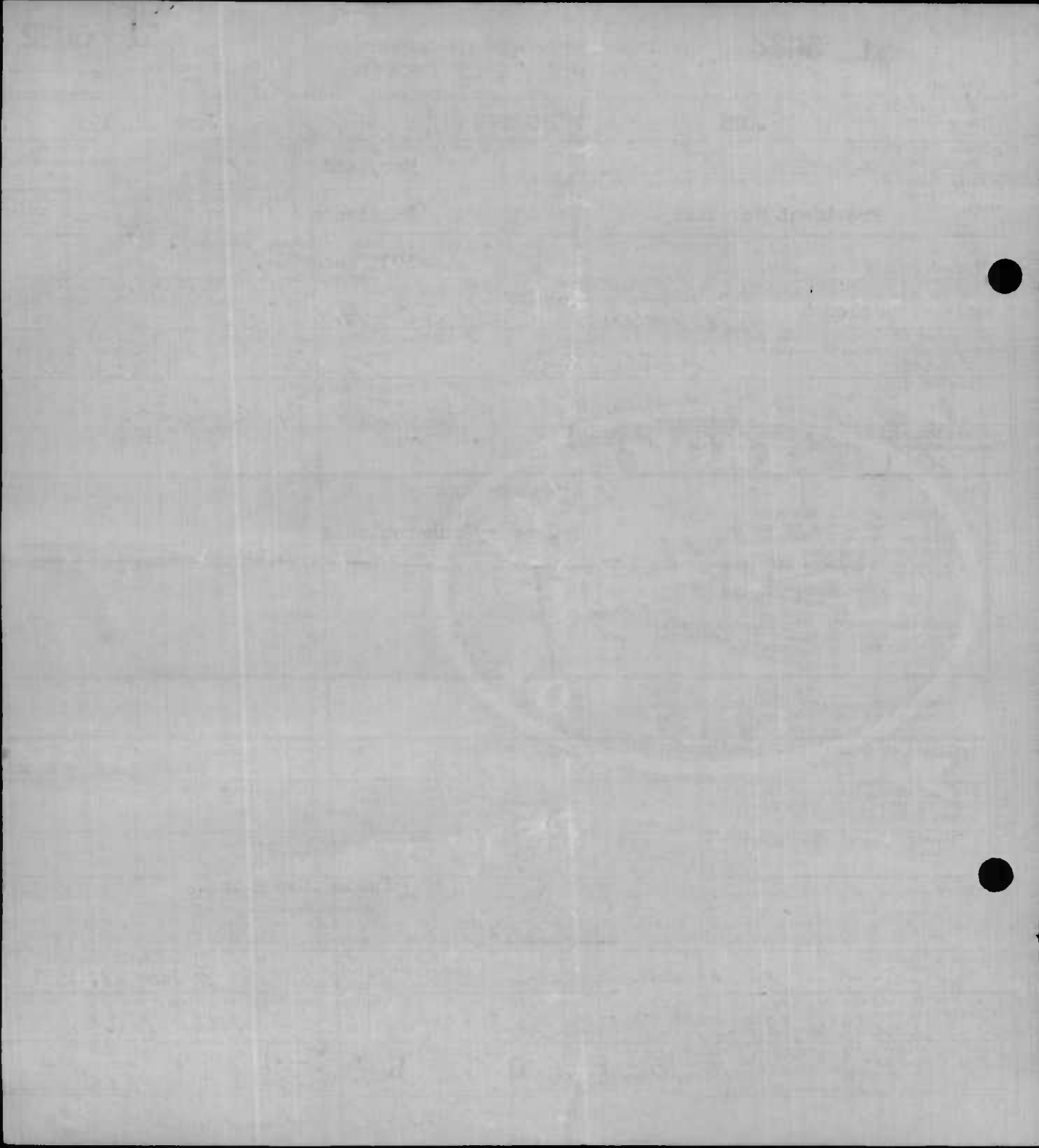
VS 150

937

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





51 5633

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5633

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Purnell Loftland

2. DATE
OF
DEATH

6/22/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

38 University Hosp.

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Lex. Mkt.

13. FATHER'S NAME

Austin Loftland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

no

no

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

June 3 1902

9. AGE (In years
last birthday)

49

If Under 1 Year
Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

Milford Hl.,

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Caroline ?

17. INFORMANT

Pauline Loftland - Pearl St.

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Subarachnoid hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

DUE TO

(C) Generalized arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Basilar pneumonitis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/9 1951 to 6/22 1951 that I last saw the
deceased alive on 6/22 1951 and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Raymond Bradshaw, Jr.

M. D.

23B. ADDRESS

University Hosp. Balto Md

23C. DATE SIGNED

6/23/51

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

6/27/51

24C. NAME OF CEMETERY OR CREMATOR

Mt. Calvary

24D. LOCATION (City, town, or county)

Eden Hill Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 26 1951

REGISTRAR'S SIGNATURE

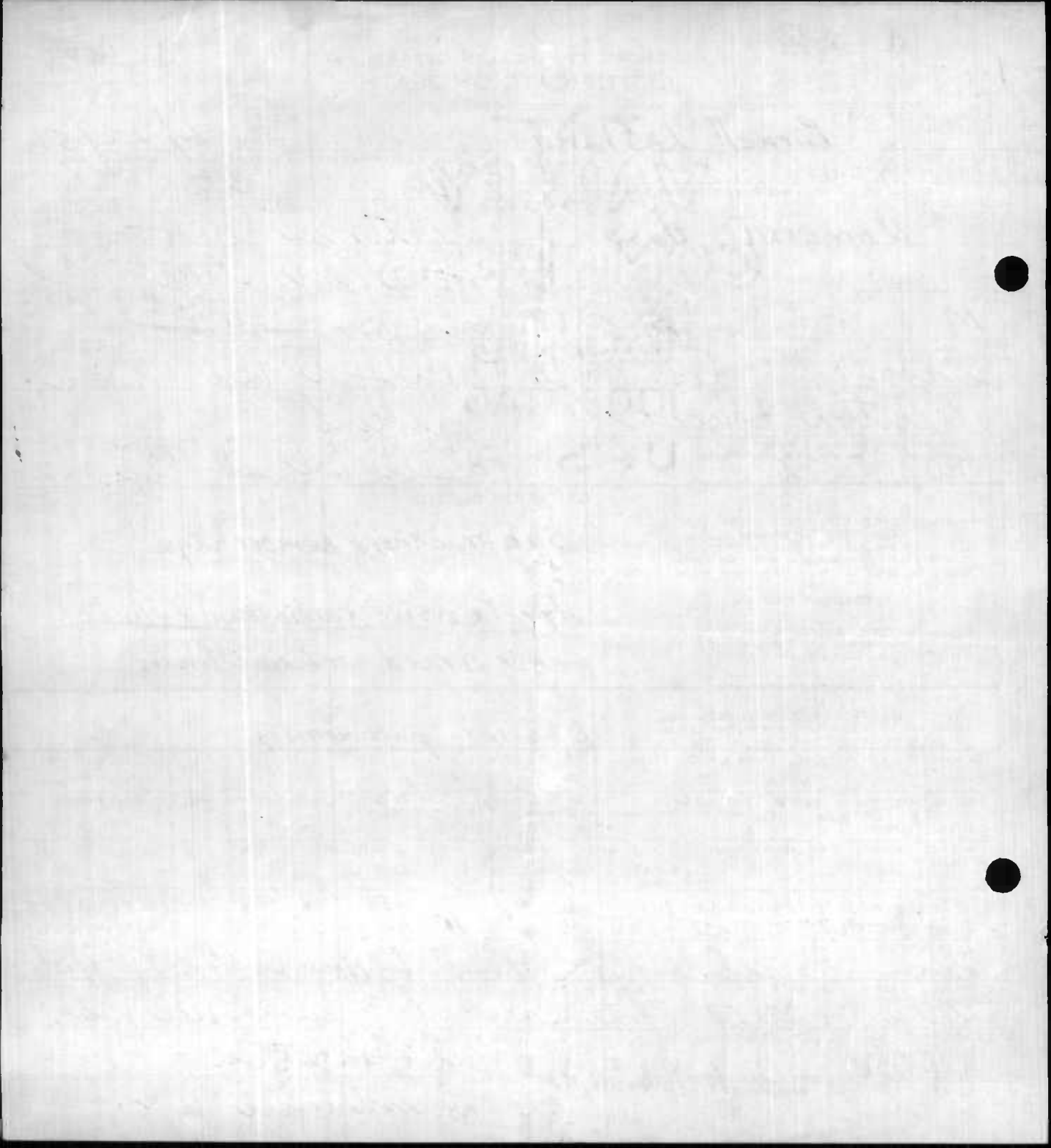
Wilmington Williams, Jr.

25. FUNERAL DIRECTOR

Ed S. Labat - 918 -

ADDRESS

Eden Hill Ave. 937



450 51 5634

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5634
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Kathrine Alice Kline

2. DATE
OF
DEATH

6.25.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF: (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Dooters Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3112 Ellerslie Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7.9.1900

9. AGE (In years
last birthday)

50

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nurse

10B. KIND OF BUSINESS OR INDUSTRY

Prie Ridge Nursing Home

11. BIRTHPLACE (State or foreign country)

N. Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William H. Coleman

14. MOTHER'S MAIDEN NAME

Kathrine Alice Torpy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

214-26-8666

17. INFORMANT

husband.

ADDRESS

18. 214X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Embolism in Cerebrum

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Post Operative

DUE TO

(C)

6 day

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6.20.51

19B. MAJOR FINDINGS OF OPERATION

fibroid uterus, abdominal adhesions right cystic ovary

20. AUTOPSY?

YES ☒ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6.19.1951, to 6.25.1951, that I last saw the deceased alive on 6.25.1951, and that death occurred at 7:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Michael J. Brownfield

M. D.

23B. ADDRESS

5404 Belair Rd. - Baltimore

23C. DATE SIGNED

6-25-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/27/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

M. J. Brownfield

25. FUNERAL DIRECTOR

ADDRESS

5404 Belair Rd. Baltimore 617 St. Paul St.

INSTITUTE OF THE
DEPARTMENT OF THE ARMY

PA 12345

100-123456

100-123456

100-123456



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

130⁵¹ 5635

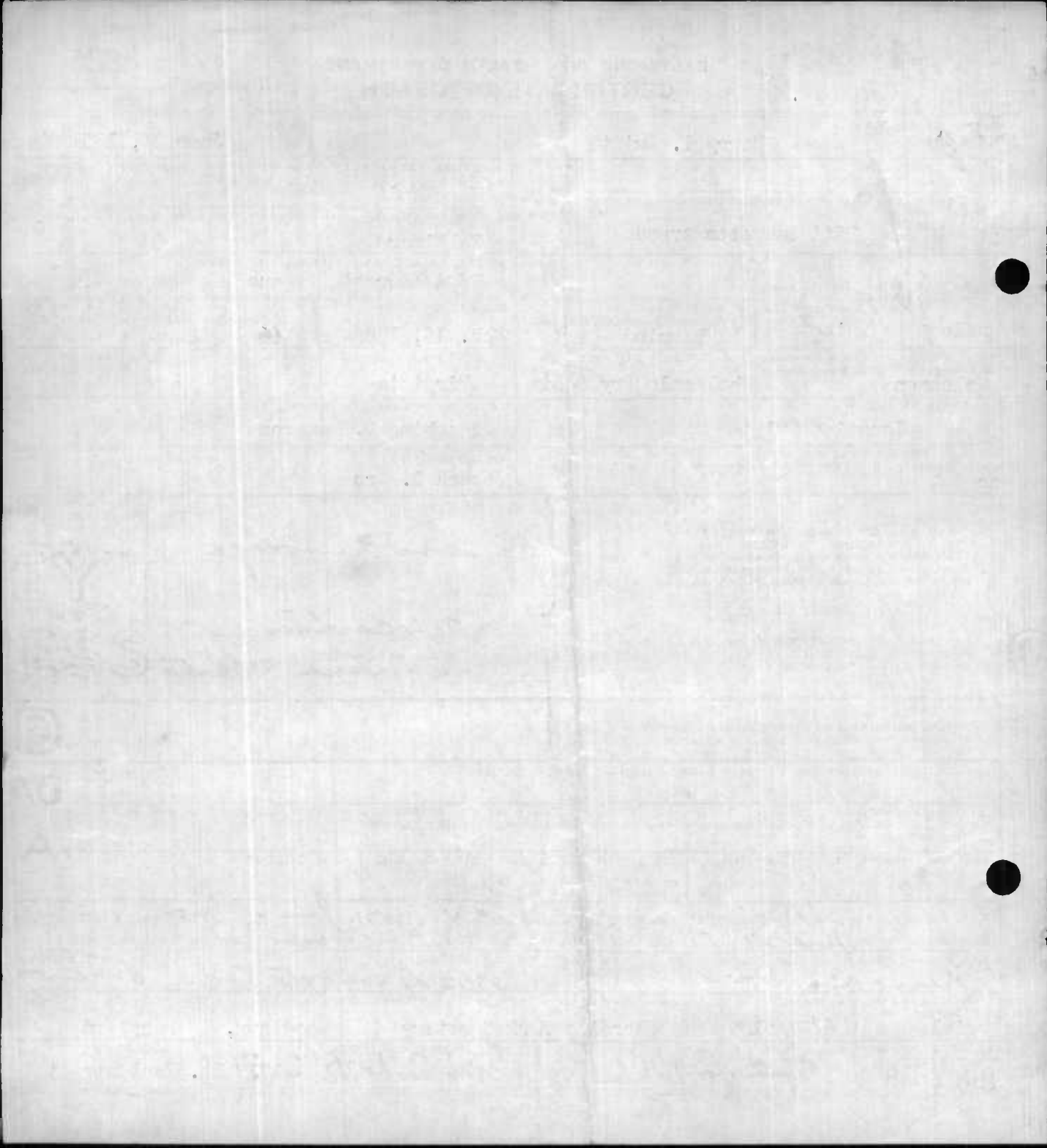
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5635
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Harry I. Swift	
2. DATE OF DEATH June 24, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2544 Laurretta Avenue	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-02	
D. STREET ADDRESS (If rural, give location) 2544 Laurretta Avenue	
Length of stay in Baltimore Yrs. Mos. Days	
5. SEX male	6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 15, 1885
9. AGE (In years last birthday) 66	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman
11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ignatius Swift	14. MOTHER'S MAIDEN NAME Josephine D. Dameron
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO.
17. INFORMANT Joseph C. Aro	ADDRESS
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Cerebral Hemorrhage ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Chn. Myocarditis Chn. Intestinal Nephritis INTERVAL BETWEEN ONSET AND DEATH 6-16-51 1945 1945	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 4, 1951, to June 24, 1951, that I last saw the deceased alive on June 24, 1951, and that death occurred at 8 P. m., from the causes and on the date stated above.	
23A. SIGNATURE James Brown	23B. ADDRESS M. D. 3602 Liberty St. Ave.
23C. DATE SIGNED 6-25-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 6/27/51
24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery	24D. LOCATION (City, town, or county) (State) Woodlawn, Maryland
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.
25. FUNERAL DIRECTOR	ADDRESS 2127 St. Paul Street

49062

131a



620 51 5636

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5636
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH OSCAR HARRIS			2. DATE OF DEATH June 21, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 423 North Eden Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 28, 1908	9. AGE (In years last birthday) 43	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			11. BIRTHPLACE (State or foreign country) Baltimore Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry Harris			14. MOTHER'S MAIDEN NAME Lillie Harris		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes Navy			16. SOCIAL SECURITY NO. 215.05.9533		
			17. INFORMANT ADDRESS Ruby Harris 13 N. Carolina St		

18. E 982 X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple stab wounds of chest (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
---	--

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Bond and Fairmont Streets
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 21, 1951 9:00 A.M.	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Sharp instrument

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE RBF Fisher	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 6-22-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/26/1951	24C. NAME OF CEMETERY OR CREMATORY Balto. Nat. Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md.
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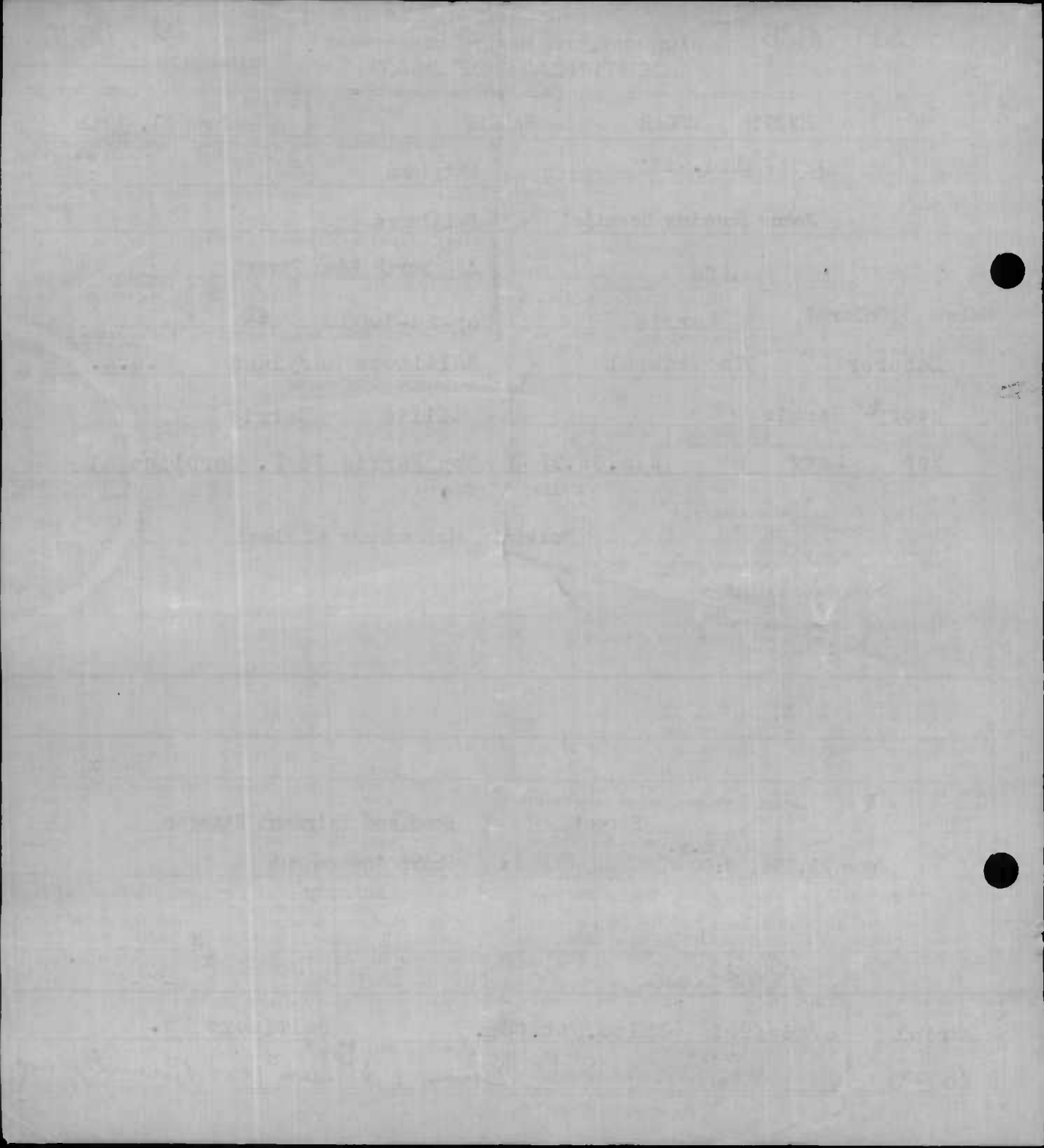
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1951	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Elmer I. Wilson 1000 Bunting Ave	ADDRESS
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VS 151

N-8622

97099

167



Dr. Sevcik
4200 Parkwood

51 5637

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5637

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude Privat

2. DATE
OF
DEATH

June 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4425 Powell Avenue

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 24, 1873

9. AGE (In years
last birthday)

78

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ferdinand Schellenberger

14. MOTHER'S MAIDEN NAME

Clatilda Schiepner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Adolf Privat, 4425 Powell Ave.

18. 447.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ARTERIOSCLEROSIS, generalized 5 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension
ANEMIA, nutritional 5 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 26, 1951, to June 24, 1951, that I last saw the
deceased alive on June 24, 1951, and that death occurred at 3:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6-27-51

Holy Redeemer

Baltimore, Maryland

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 26 1951

Charles V. Sevcik

Leonard J. Russek, 65305 Barford Road.

June 2, 1963

WATSON, 1963

PL 10

Case 1-1000

Case 1-1000

Case 1-1000

Case 1-1000

Case 1-1000

Case 1-1000

Case 1-1000

Case 1-1000

Case 1-1000

Case 1-1000

Case 1-1000

Case 1-1000

Case 1-1000

Case 1-1000

Case 1-1000

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 5638

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5638

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Helen Courtney Doven

2. DATE
OF
DEATH

June 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

Maryland General Hosp.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2701 Glendale Road

5300

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

B. DATE OF BIRTH

Dec. 13, 1886

9. AGE (In years last birthday)

64

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Foster

14. MOTHER'S MAIDEN NAME

Adele M. Vey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. J. Dale Doven, 2701 Glendale Rd.

18. *4201*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary insufficiency & cardiac failure.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *—*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *—*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Louise Bakhair

23B. ADDRESS

M. D. Maryland General Hospital

23C. DATE SIGNED

June 25/1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-28-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cemetery

24D. LOCATION (City, town, or county)

Belair, Maryland

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

Jun 26 1951

25. FUNERAL DIRECTOR

Leonard J. Ruck, 5305 Harford Rd.

James H. H. H. H.

General and
Private

James H. H. H.

James H. H. H.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

George Edward Hupp

2. DATE OF DEATH

June 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Ventnor Lodge

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2513 Taylor Avenue

5300

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

April 5, 1872

9. AGE (In years last birthday)

79

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Hupp

14. MOTHER'S MAIDEN NAME

Anna ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Estate

18. **420.0**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

CHRONIC MYOCARDITIS AND MYOCARDIAL DEGENERATION

INTERVAL BETWEEN ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Arteriosclerotic Heart Disease

DUE TO

Generalized Arteriosclerosis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Senility AND Multiple Ulcers OF BACK + legs.

1 month

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **June 11, 1951**, to **June 24, 1951**, that I last saw the deceased alive on **June 23, 1951**, and that death occurred at **9.35 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

M. D.

23B. ADDRESS

2030 W. Fayette St

23C. DATE SIGNED

6/25/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6-27-51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 28 1951

REGISTRAR'S SIGNATURE

Wm. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

1953

STATE OF NEW YORK

CERTIFICATE OF DEATH

DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

Dr. Golley

51

5640

BALTIMORE CITY HEALTH DEPARTMENT

51

5640

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George T. Plack

2. DATE

OF

DEATH June 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2803 Ailsa Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2803 Ailsa Avenue

27-03

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

Yrs.
Mos.
Days

8. DATE OF BIRTH

Sept. 12, 1888

9. AGE (In years

last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Petroleum Heat

10B. KIND OF BUSINESS OR

INDUSTRY

and Power

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

August Plack

OIL BURNER INSTALL

14. MOTHER'S MAIDEN NAME

Elizabeth Schneider

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

213-01-1895

17. INFORMANT

ADDRESS

Mrs. Anna M. Plack, 2803 Ailsa Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1935 to 6/25, 1951, that I last saw the
deceased alive on 19 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6-27-51

Parkwood Cemetery

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

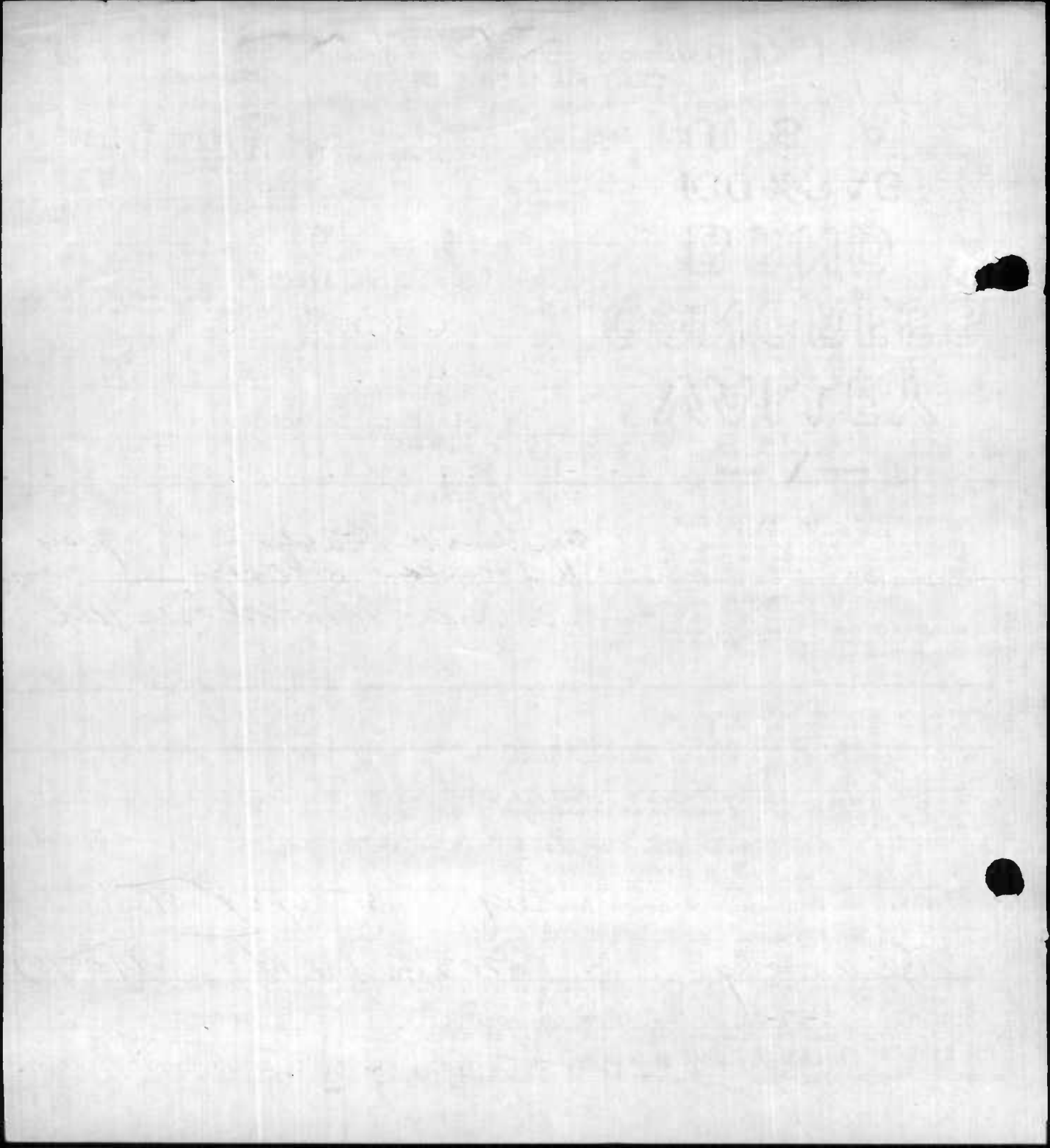
25. FUNERAL DIRECTOR

ADDRESS

JUN 26 1951

Huntington Williams, M.D.

Leonard J. Ruck, 5305 Harford Road.



Dr. Karfgin

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eva J. Burns

2. DATE
OF
DEATH

June 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3011 Oakcrest Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3201 Evergreen Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

July 16, 1874

9. AGE (In years
last birthday)

76

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Glen Rock, Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wesley S. Amspacher

14. MOTHER'S MAIDEN NAME

Elizabeth Wolf

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Wm. W. Burns, Sr. 5710 Leith Walk

18.

157X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 1950 to June 23, 1951, that I last saw the
deceased alive on 6/23, 1951, and that death occurred at 4:52 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

6-26-51

Woodlawn Cemetery

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

554-201351

Huntington Williams, Jr.

Leonard E. Ruck, 35305 Harford Road.

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

Wash. D.C. 20250

TO: SAC, [illegible]

FROM: [illegible]

SUBJECT: [illegible]

DATE: [illegible]

RE: [illegible]

[illegible]

[illegible]

[illegible]

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[illegible]

635 51 5642

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5642
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Tridone		2. DATE OF DEATH June 24-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 409 E. 20th Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. LENGTH OF STAY IN BALTIMORE 44 years		D. STREET ADDRESS (If rural, give location) 409 E. 20th Street	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH October 20-1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		9. AGE (In years last birthday) 59	
10B. KIND OF BUSINESS OR INDUSTRY Clothing Mfg.		11. BIRTHPLACE (State or foreign country) Italy	
13. FATHER'S NAME Pietro Tridone		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 214-12-4006	
		17. INFORMANT Jeannie Better ADDRESS 409 E. 20th St.	

18. **151X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Carcinoma of Stomach 6 mts
CAUSE OF DEATH
(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) **The patient had a cardiac condition 2 yrs**

INTERVAL BETWEEN ONSET AND DEATH

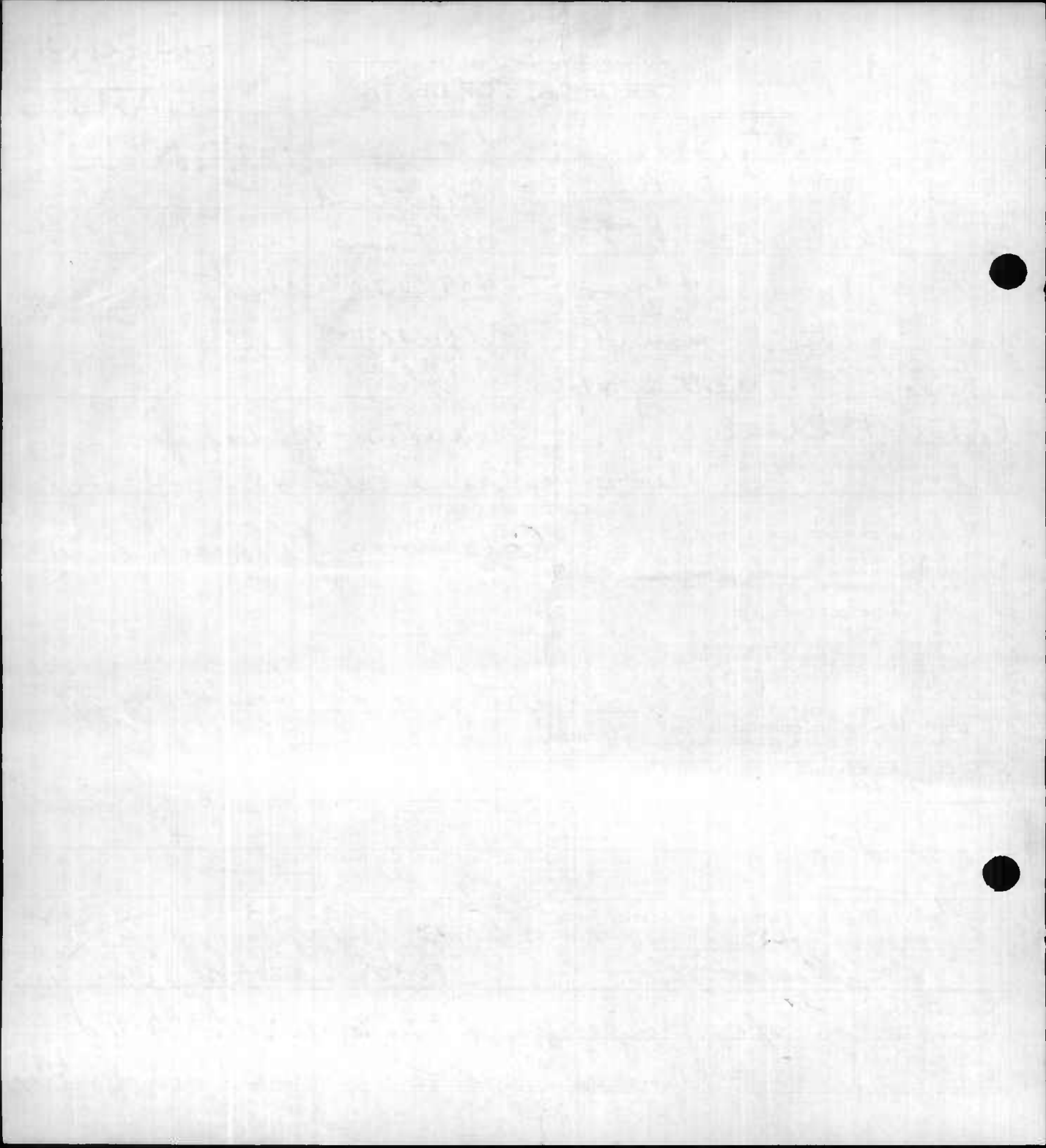
MEDICAL CERTIFICATION

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) No		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 24, 1951 to June 24, 1951 , that I last saw the deceased alive on June 24, 1951 , and that death occurred at 1:00 P. M. from the causes and on the date stated above.					
23A. SIGNATURE Thomas White		23B. ADDRESS 3809 Rosemont Ave		23C. DATE SIGNED 6/25/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 27-1951		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24D. LOCATION (City, town, or county) (State) Belair Rd. Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1951		REGISTRAR'S SIGNATURE Arthur J. Williams, Jr.		25. FUNERAL DIRECTOR Joseph Tarace, Inc.		ADDRESS 2013 Greenmount Ave	

59046

46B



65551 5643

HERMAN

51 5643

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Herman, Frank

2. DATE
OF
DEATH

6-23-1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

26 Franklin Square Hospit.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

MD

B. COUNTY

Baltimore

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

846 Brunswick Rd

C. Length of stay in Baltimore

yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

6-6-1879

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer no.

10B. KIND OF BUSINESS OR
INDUSTRY

Own Farm (Retired)

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank

14. MOTHER'S MAIDEN NAME

None

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frank Herman Jr.

18. 420.1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

Uremia

(A) Hypertensive car. vascular dis.
DUE TO coronary insufficiency.
(B) Aortic aneurysm.

DUE TO

Duodenal Ulcer

(C)

Secondary Anemia

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6-1957, to 6-23-1957, that I last saw the
deceased alive on 6-23-1957, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 26 1957

Huntington Williams, M.D.

John J. Connolly, 418 Eastern Ave

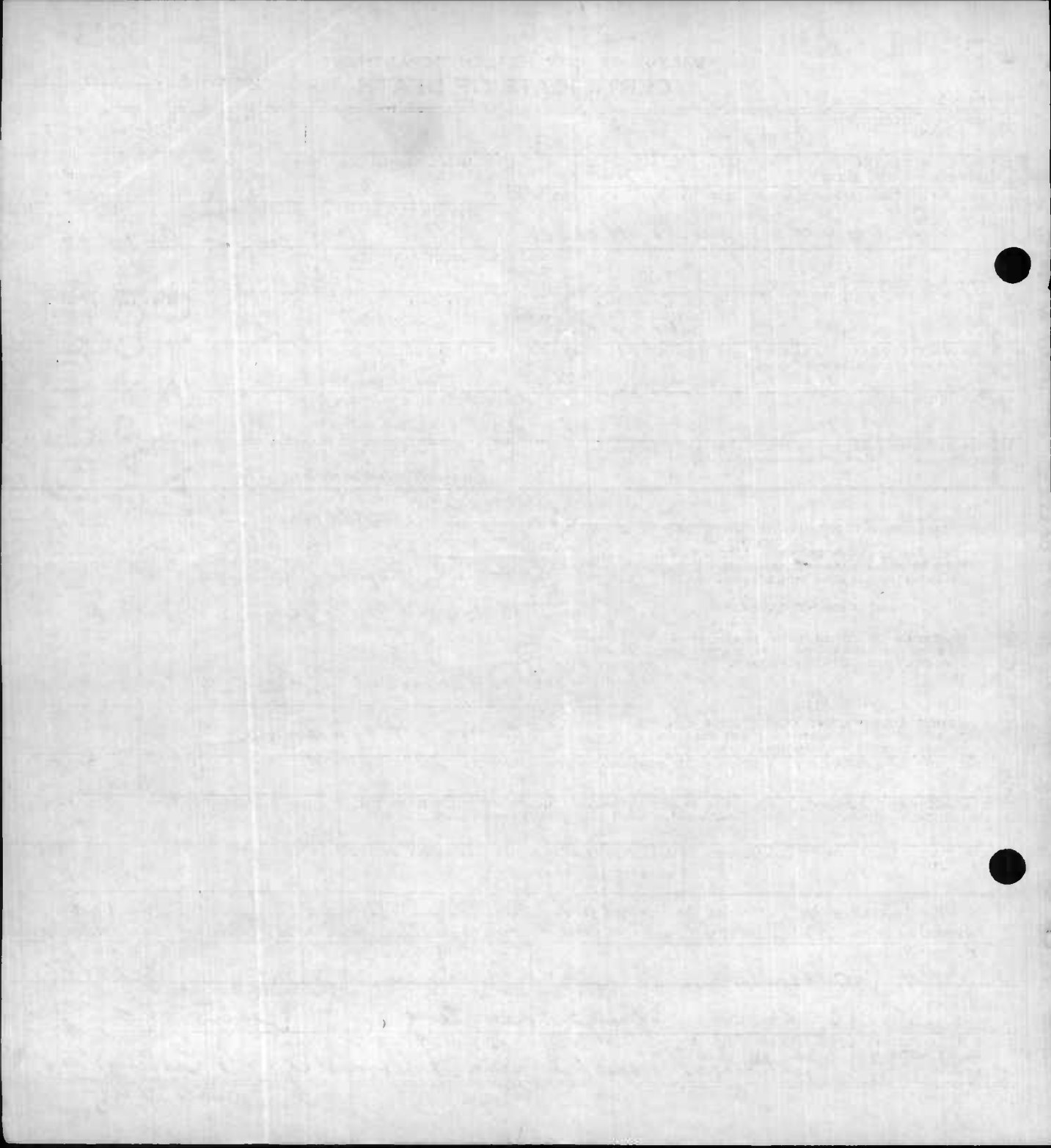
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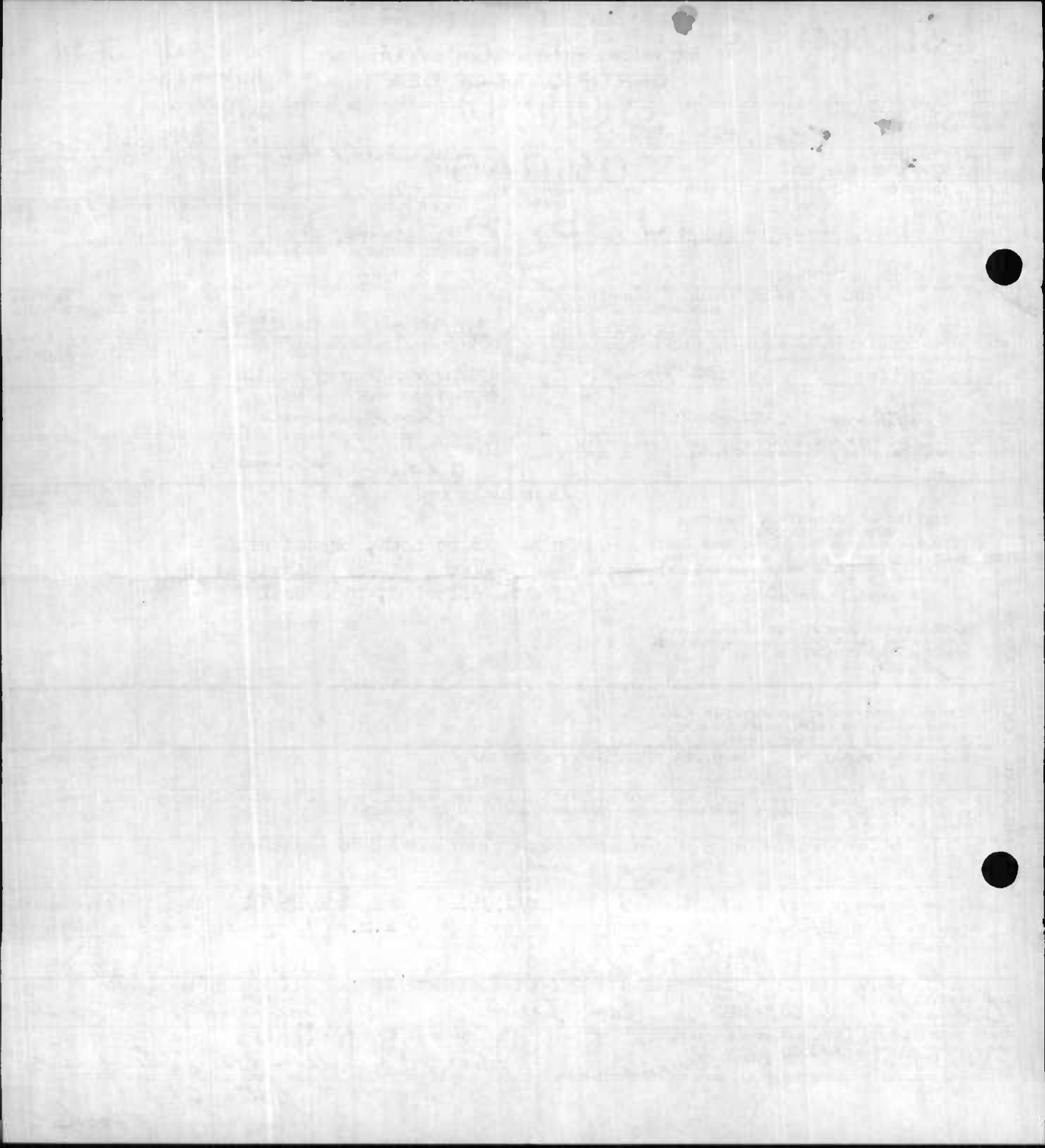
10010

Baltimore 21 Md
300

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





51 5645

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5645
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Belle A. Baldwin

2. DATE
OF
DEATH

June 23 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Ind.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

423 Winston ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 27-11

C. Length of stay in Baltimore

Sixe

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

423 Winston Ave

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 11 1879

9. AGE (In years
last birthday)

If Under 1 Year If Under 24 Hours

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Edward Laib

14. MOTHER'S MAIDEN NAME

Alice Kurtz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Joseph A. Baldwin Same

ADDRESS

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

DUE TO

Arteriosclerotic-Hypertensive

ANTECEDENT CAUSES

(B)

Cardio-Vascular Disease

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1950 to June 23, 1951, that I last saw the
deceased alive on June 19, 1951 and that death occurred at 10:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

William H. Fusting M. D.

23B. ADDRESS

11 E. Chase St

23C. DATE SIGNED

6-25-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

June 27 51

Druid Ridge

Pikesville Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Fusting

25. FUNERAL DIRECTOR

ADDRESS

W. H. Jenkins & Son Co 4905 York Rd

Dr. Fusting
11 E. Chase

236

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5646

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert A. O'Fisterer

2. DATE
OF
DEATH

6/24/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph O'Fisterer

14. MOTHER'S MAIDEN NAME

Carrie E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 4/20/1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute Coronary Occlusion

18-20 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized Arteriosclerosis 10-15 yr
Chronic Granular Sclerosis 20 yr

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19, to 6-24-51, 19, that I last saw the
deceased alive on 6-22-51, 19, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

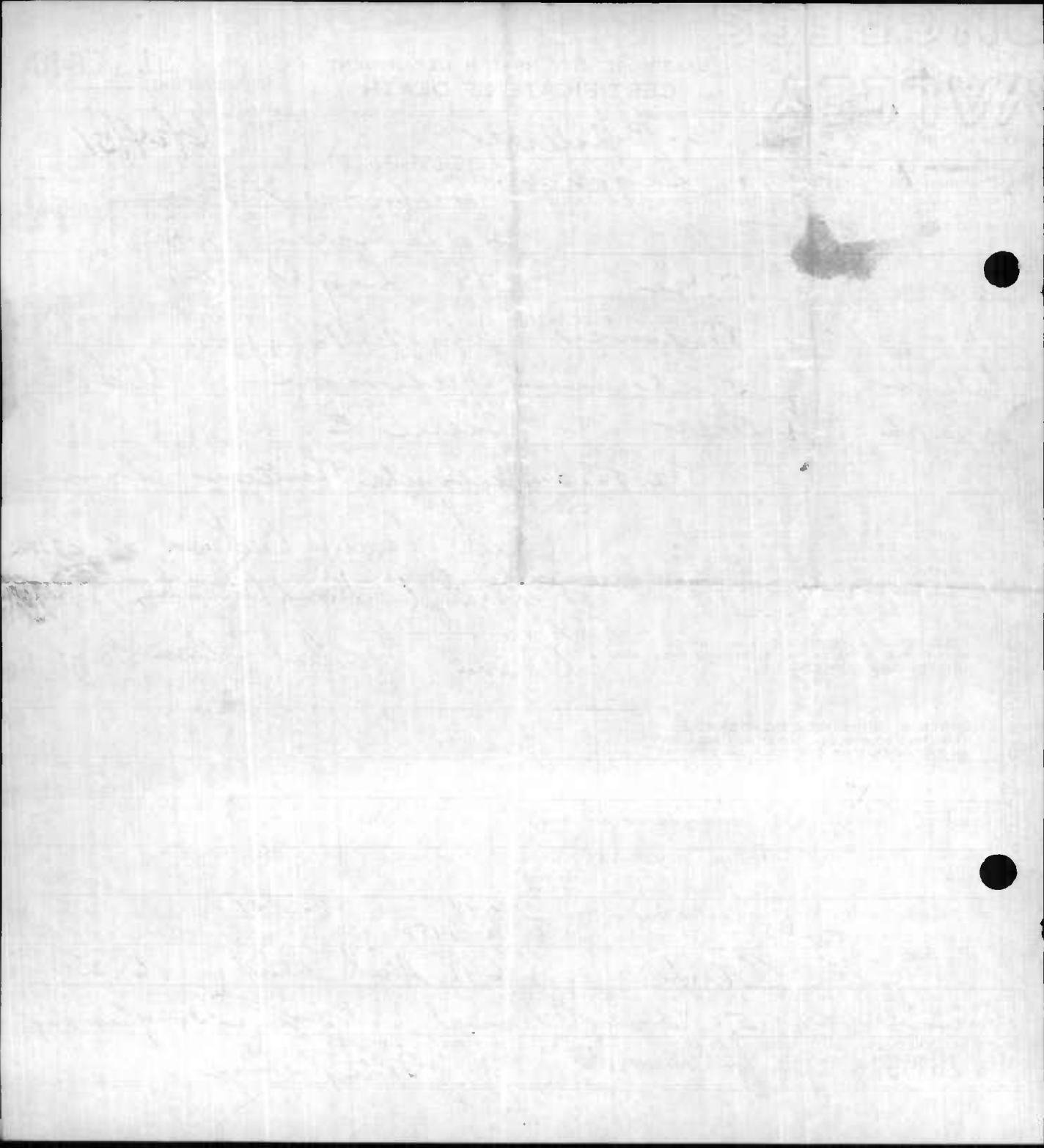
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 26 1951



CERTIFICATE CORRECTED

7-2-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 5647
Registered No.

BIRTH NO. 5647

1. NAME OF DECEASED (Type or Print) WILLIAM NATHAN FELL		2. DATE OF DEATH June 25, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 26-09	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 635 South Eaton Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Jan. 1, 1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Riveter		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Jacob Fell		14. MOTHER'S MAIDEN NAME Sara Gordon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. 275-14-9393	
		17. INFORMANT Trace Barrow Rising Sun Md	

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary artery sclerosis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Dunsen	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 6-26-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/28/51	24C. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery
		24D. LOCATION (City, town, or county) (State) Oakwood

DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1951	REGISTRAR'S SIGNATURE W. H. ...	25. FUNERAL DIRECTOR Ralph M. Reed	ADDRESS Rising Sun Md
--	---	--	---------------------------------

V-5 151
58524
94a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5648
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY PALMERINO CITRO

2. DATE
OF
DEATH

6-25-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2801 Gibbons Avenue - 14

8. Length of stay in Baltimore

Yrs.
Mos.
Days

9. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

5-14-82

9. AGE (In years last birthday)

69

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Raphael G. Citro - 2801 Gibbons Ave .14

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro-vascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardio-vascular disease.

DUE TO

(C) Arteriosclerosis.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-24-1951, to 6-25-1951, that I last saw the deceased alive on 6-25-1951, and that death occurred at 10P30pm, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D. 1400 N. Caroline Street - 13

6-25-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6-30-51

Sacred Heart

Balto - Md

DATE RECEIVED BY LOCAL REGISTRAR

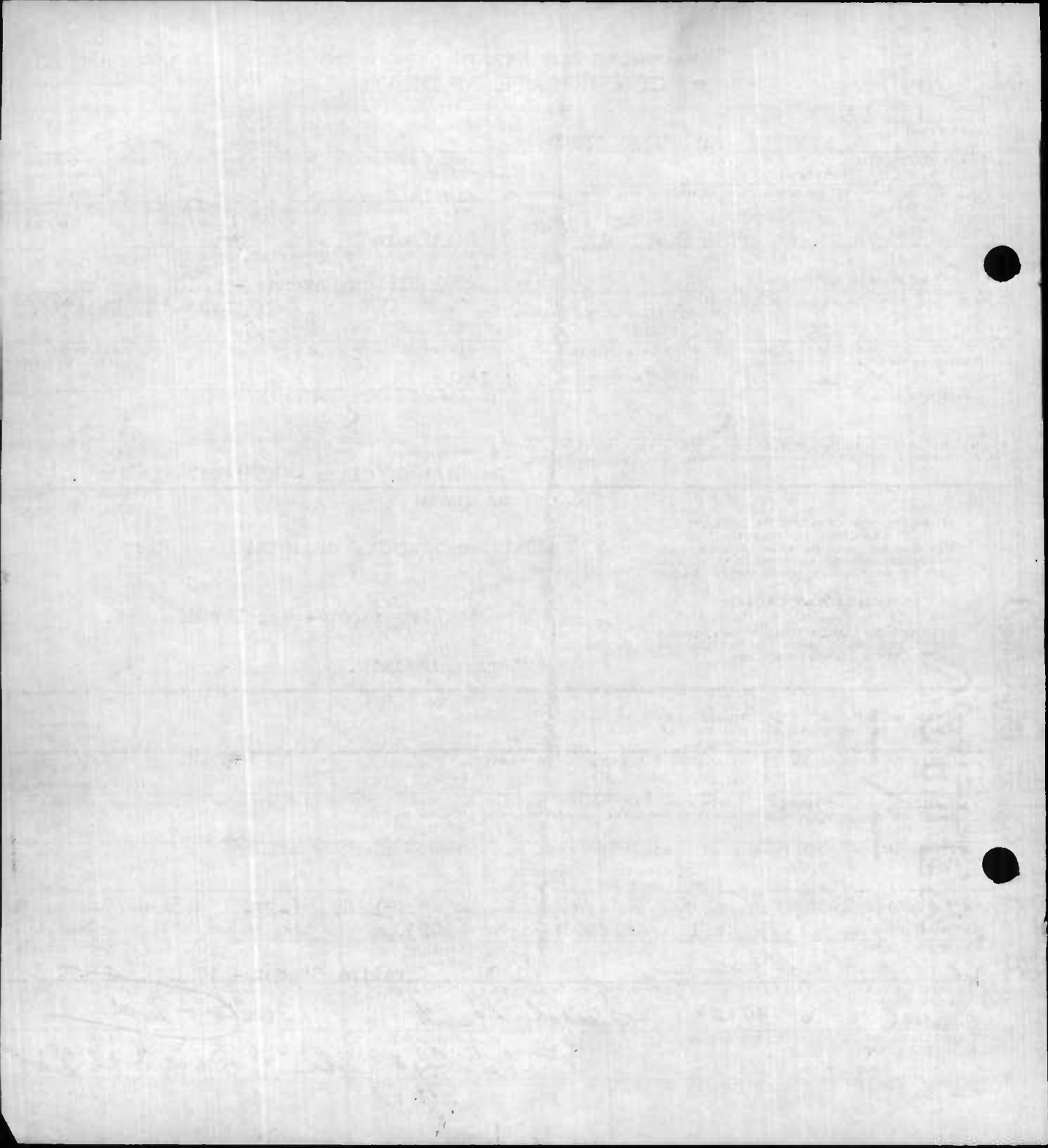
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 26 1951

25. FUNERAL DIRECTOR: Lilly & Zaleski, 403 S. Wolf St



642
51 5649

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5649

1. NAME OF DECEASED (Type or Print)		Joseph Grelecki		2. DATE OF DEATH		6-24-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland				Balto			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				3502 Ellerlie Avenue			
C. Length of stay in Baltimore				75 yrs		Yrs. Mos. Days	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
M		W		Widowed		9-5-62	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY			
Shoemaker				Self			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Unknown				Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	
(If yes, give war or dates of service)				Milton Grelecki		3502 Ellerslie Av.	

18. 148X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Carcinoma Pharynx		DUE TO		6 mos	
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Generalized Arteriosclerosis			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
0				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
F INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from November, 1950, to June 23, 1951, that I last saw the deceased alive on 6/23, 1951, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Newland Edward Day		4-E-33rd St		June 26, 1951	
M. D.					
24A. BURIAL, CREMATION, REMAINS (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		6-27-51		Holy Rosary	
				24D. LOCATION (City, town or county) (State)	
				Baltimore	

DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
JUN 26 1951		[Signature]		Gilly & Ziegler, Inc.		403 S. Wolfe Street	

100

10-1-51

January 1, 1951

United States

100-1-51

100-1-51

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100-1-51

100-1-51

520
51 5650BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5650

BIRTH NO.

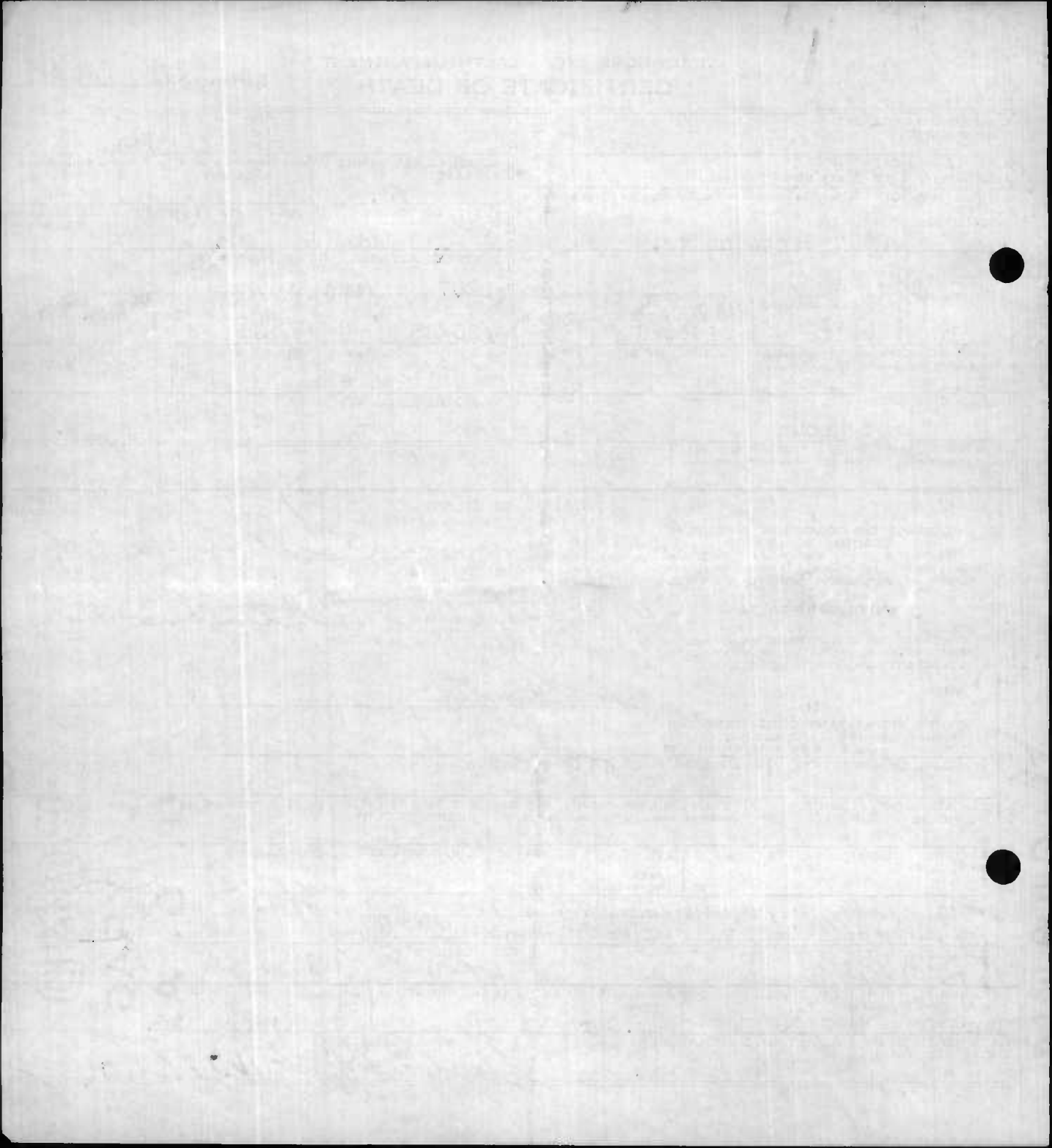
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Helena Ennis		6/23/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 5207 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5207 Eastern Ave.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 3/23/65
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 86
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME not known		14. MOTHER'S MAIDEN NAME not known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 155X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of Gall Bladder DUE TO (B) Intestinal Obstruction DUE TO Sepsis	INTERVAL BETWEEN ONSET AND DEATH 1 mo 2 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 6		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 6-1-49, to 6/23/51, that I last saw the deceased alive on 6-18-51, and that death occurred at 3:03 pm., from the causes and on the date stated above.				
23A. SIGNATURE F. J. J. Hermann		23B. ADDRESS M. D. 1710 E. 33rd St		23C. DATE SIGNED 6-25-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/26/51	24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1951	REGISTRAR'S SIGNATURE William Williams	25. FUNERAL DIRECTOR Clarence F. Hoffman 1639 Broadway	

46F



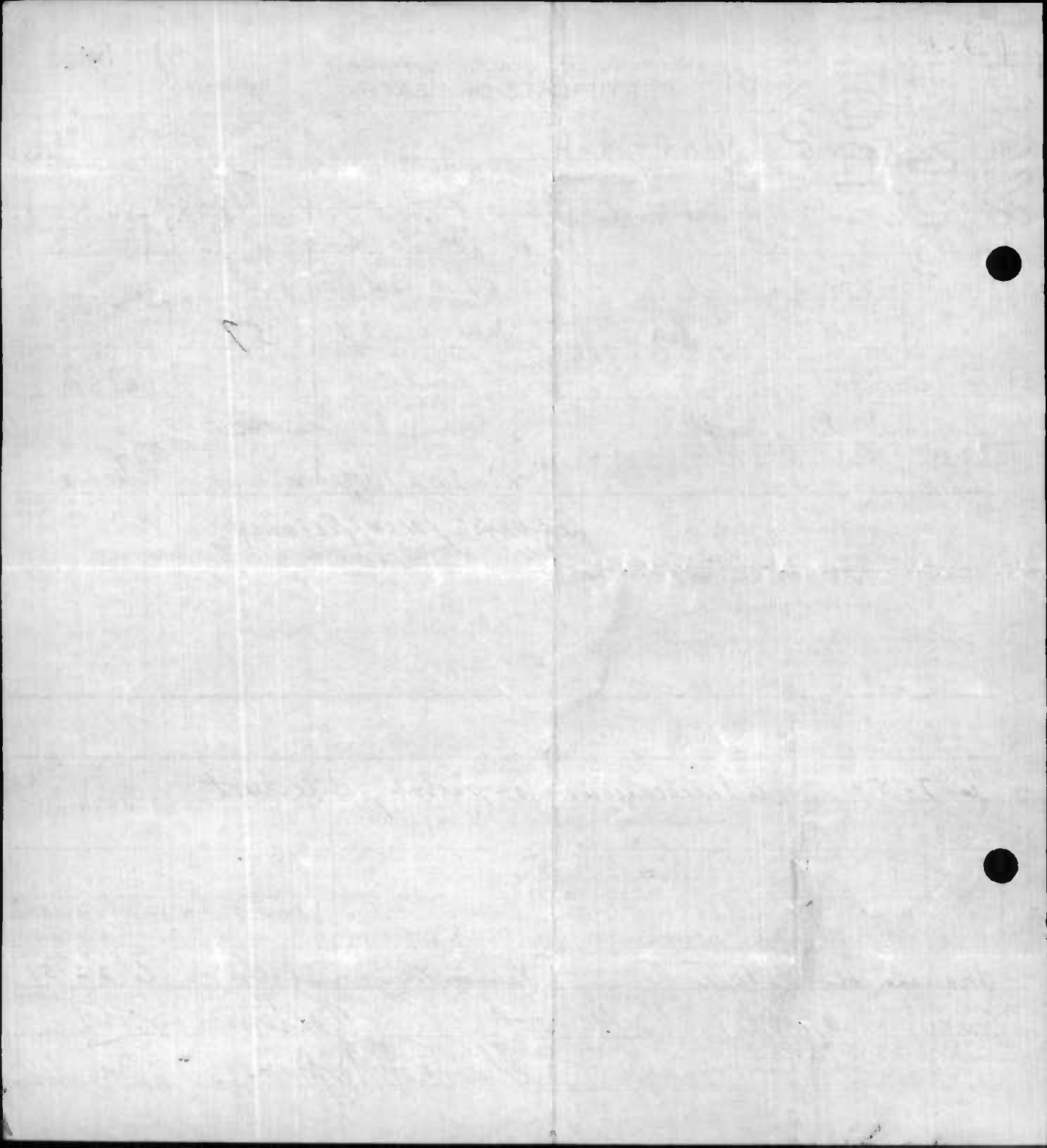
155
51 5651BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5651

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Emmo J. Hoffman		2. DATE OF DEATH June 22, 1957	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY Balto	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hosp.		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Balto 6 27-34	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 5630 Bel Air Rd.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH June 12 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9. AGE (In years last birthday) 57	11. BIRTHPLACE (State or foreign country) Balto
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Samuel B. Knoff		14. MOTHER'S MAIDEN NAME Mary E. Sanders	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Charles L. Hoffman (husb.)		ADDRESS Same	
18. 155X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hepatic Insufficiency (A) Carcinomatous, primary site unknown DUE TO (B) _____ DUE TO (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 6-7-57		19B. MAJOR FINDINGS OF OPERATION Adenocarcinoma - probably Bile duct	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY F		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1, 1957 , to June 22, 1957 that I last saw the deceased alive on June 22, 1957 and that death occurred at 4:45 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Francis H. Ware		23B. ADDRESS Union Memorial Hosp.	
23C. DATE SIGNED 6-22-57			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/26/57	
24C. NAME OF CEMETERY OR CREMATORY Parkwood		24D. LOCATION (City, town, or county) (State) Baltimore md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1957		REGISTRAR'S SIGNATURE William Williams, Jr.	
FUNERAL DIRECTOR Sharon P. Hoffman		ADDRESS 1639 Broadway	



To be approved by the Medical Examiner.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHE.B.J.
51 5652
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM ROBERT MILLER, SR.

2. DATE
OF
DEATH

June 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hosp. D.O.A.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1703 Chilton Street

5. SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 28, 1897

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Beth Steel Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Emelius Miller

14. MOTHER'S MAIDEN NAME

Mary Meyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WWI

16. SOCIAL
SECURITY NO.

213-01-0652

17. INFORMANT 1703 Chilton Street
Mrs Ida L. Miller

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Massive cerebral hemorrhage

DUE TO

Sudden and
terminal.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive cardio-vascular disease
DUE TO on an arterio-sclerotic basis.

? yrs.

(C)

CERTIFICATION APPROVED BY

Stanley K. Durlacher

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

CHIEF OR ASST. MEDICAL EXAMINER.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/7/1949, 19, to 6/24/51, 19, that I last saw the
deceased alive on 5/16/51, 19, and that death occurred at 5:30A m., from the causes and on the date stated above.

23A. SIGNATURE

Charles R. Jarrell

M. D.

23B. ADDRESS

11 East Chase St., City-2.

23C. DATE SIGNED

6/24/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6/27/51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 26 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

1700-1710

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

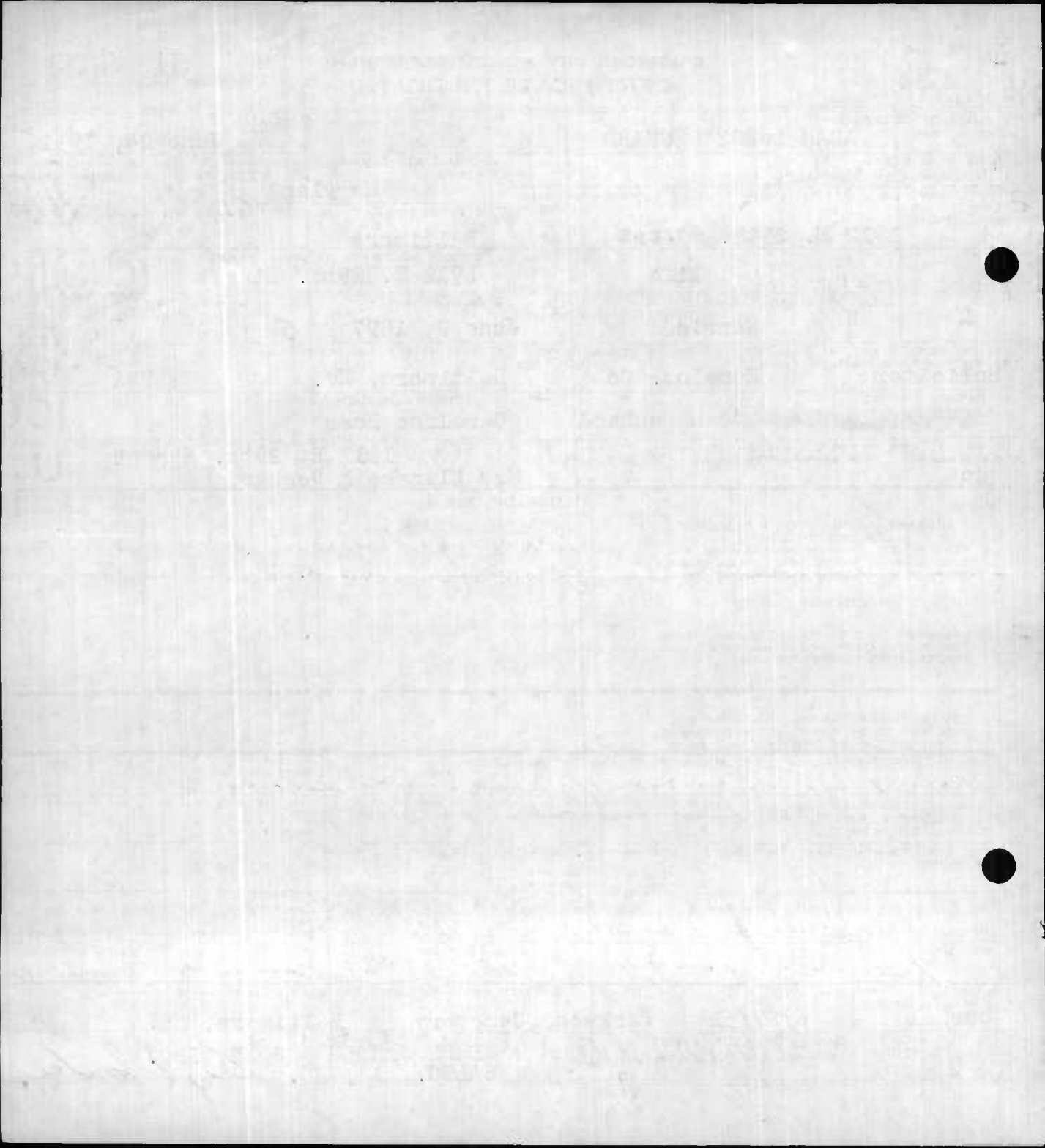
Registered No. **51 5653**

BIRTH NO. **5653**

1. NAME OF DECEASED (Type or Print) ADAM LeROY DENHARD			2. DATE OF DEATH June 24, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1912 E. 29th. Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. LENGTH OF STAY IN BALTIMORE Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) L912 E. 29th. Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 7, 1897	9. AGE (In years last birthday) 54	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Solicitor			11. BIRTHPLACE (State or foreign country) Baltimore, Md.		
10B. KIND OF BUSINESS OR INDUSTRY Home Ins. Co			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Adam Denhard			14. MOTHER'S MAIDEN NAME Caroline Boss		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. ?		
			17. INFORMANT 1912 E. 29th. Street Mrs Elizabeth Denhard		

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 9 mos.
(A) Carcinoma of rectum with generalized metastasis DUE TO		
(B) _____ DUE TO		
(C) _____ DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION March 17, 1951		19B. MAJOR FINDINGS OF OPERATION Carcinoma of rectum to liver metastasis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 1, 1951 , to June 24, 1951 , that I last saw the deceased alive on June 24, 1951 , and that death occurred at 10:47 m., from the causes and on the date stated above.					
23A. SIGNATURE William E. Johnson		23B. ADDRESS 100 E. 33 St. Baltimore, Md.		23C. DATE SIGNED June 25, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/27/51		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1951		REGISTRAR'S SIGNATURE William E. Johnson		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.	
				ADDRESS BALTO., 13, MD.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

51 5654

1. NAME OF DECEASED
(Type or Print)

WILLIAM Wilhelm Riederer (Riedere)

2. DATE
OF
DEATH

June 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
27.5 CASTLE STREET

E. Length of stay in Baltimore **40 YRS.**

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

June 20, 1883

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED MACHINISTS

10B. KIND OF BUSINESS OR INDUSTRY
BETHLEHEM STEEL CO.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Antone Riederer (Anton Riedere)

14. MOTHER'S MAIDEN NAME

Caroline Folz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or oookowo) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT **Baltimore City Hospitals**
Records: 4940 Eastern Avenue

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Congestive failure**

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Hypertensive Cardio Disease

Years

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

Years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **10-5**, 19**49**, to **6-24**, 19**51** that I last saw the deceased alive on **6-24**, 19**51** and that death occurred at **7:35p** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

4940 Eastern Avenue

6-25-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

JUNE 27 1951

HOLY REDEEMER CEM.

4430 BELAIR ROAD

MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

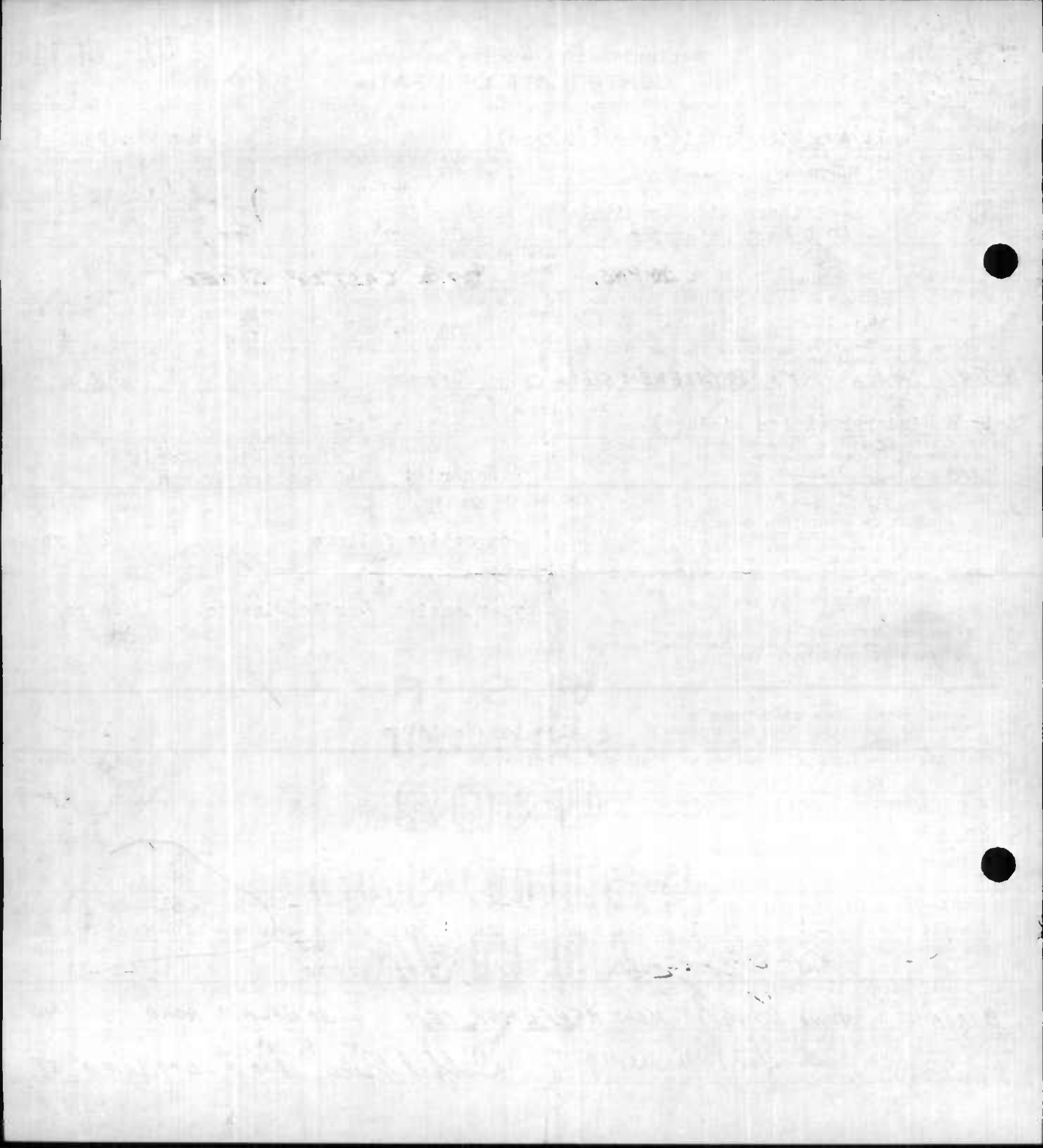
ADDRESS

JUN 26 1951

William Williams, Jr.

1800 E LOMBARD ST.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5655
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ALBERT M. FORD

2. DATE
OF
DEATH

June 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Linthicum Heights

D. STREET ADDRESS (If rural, give location)

Ft. Meade Road.

Length of stay in Baltimore

D.O.A.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 23, 1907

9. AGE (In years,
last birthday)

43

10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR INDUSTRY

Consolidated Engr.

11. BIRTHPLACE (State or foreign country)

Linthicum Heights, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Richard T. Ford

CONJ.

14. MOTHER'S MAIDEN NAME

Urzula Turner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NONE

16. SOCIAL SECURITY NO.

220 03 3688

17. INFORMANT

4418 Marblenair Road

Emeral Ford; Baltimore, Md.

18. **570.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Intussusception**

~~INDEX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Intestinal obstruction**

~~INDEX~~

(C) **Acute peritonitis**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Singleton

23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR... ☒

25C. DATE SIGNED

June 25, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 27, 1951

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Glen Burnie, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William V. Singleton

25. FUNERAL DIRECTOR

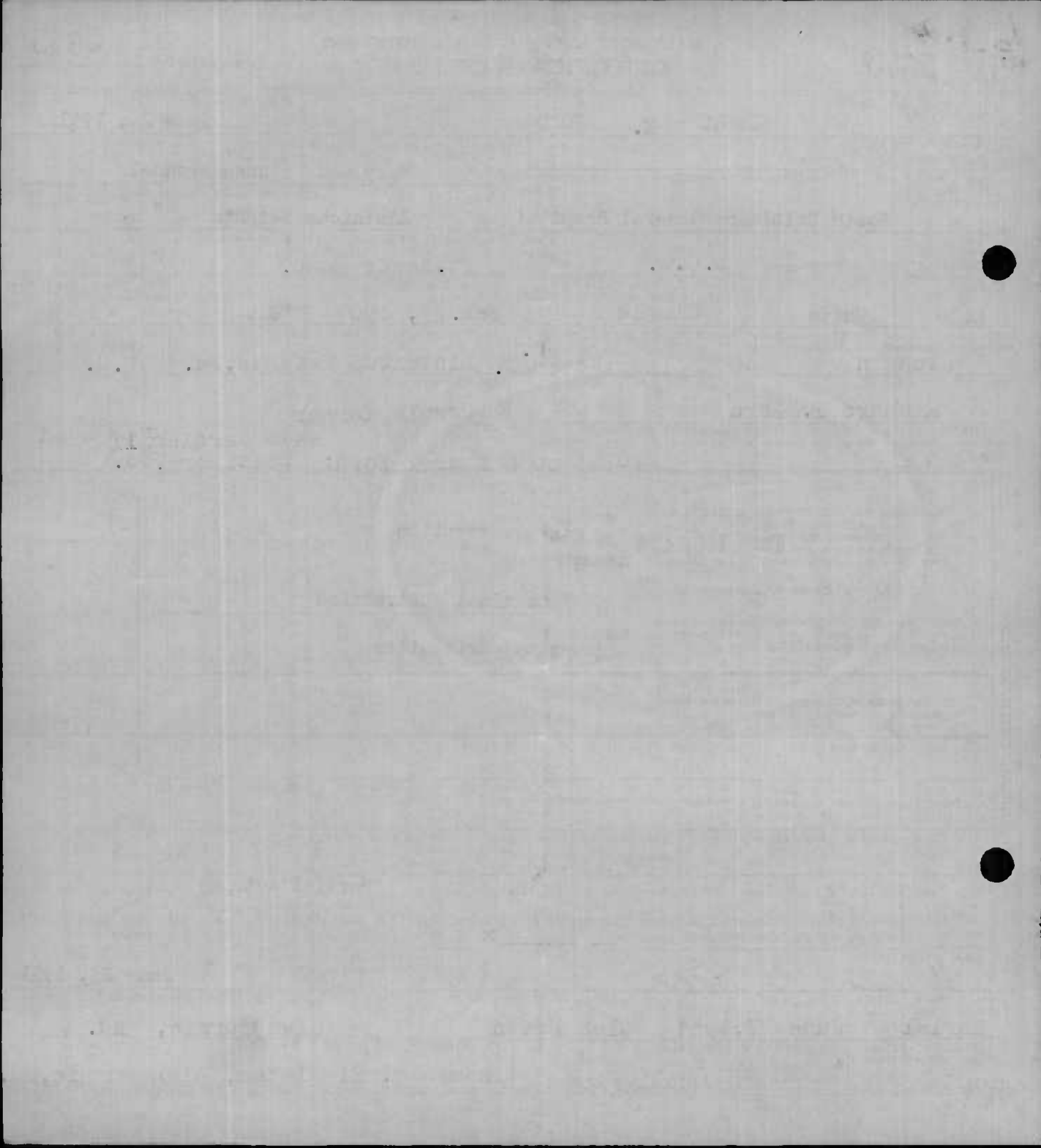
ADDRESS

Thomas W. Singleton, Glen Burnie, Md.

JUN 26 1951

76324

122B



524
51 5656
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5656
Registered No.

1. NAME OF DECEASED (Type or Print) MR HENRY FINKLESTEIN		2. DATE OF DEATH JUNE 26, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland OSL 6		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 3-02	
C. Length of stay in Baltimore 46 yrs,		D. STREET ADDRESS (If rural, give location) 1167 E. LOMBARD ST.	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10B. KIND OF BUSINESS OR INDUSTRY Dry Goods Store	9. AGE (In years last birthday) 62 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME Louis William Finkelstein		11. BIRTHPLACE (State or foreign country) Russia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Violet	
17. INFORMANT Mrs. Sylvia Edson		ADDRESS 2605 W. Cold Spring Lane	

18. 433.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Right & left cerebrovascular accidents	CAUSE OF DEATH (A) Right & left cerebrovascular accidents DUE TO (B) Congestive heart failure DUE TO (C) Atrial fibrillation	INTERVAL BETWEEN ONSET AND DEATH 48 hours ? 1 year
--	--	--

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Prostatic hypertrophy	
---	--

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-24-51**, to **6-26-51**, that I last saw the deceased alive on **6-26-51**, and that death occurred at **1:45 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **William P. Wedgewood** M. D. 23B. ADDRESS **Baltimore City, Md.** 23C. DATE SIGNED **June 26 51**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 27/51	24C. NAME OF CEMETERY OR CREMATORY Hebrew Burial Society	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE JUN 26 1951		25. FUNERAL DIRECTOR Sol Pearson ADDRESS 1126 W. North Ave	

W. L. RAY

CONFIDENTIAL

BOND

FOR THE

U. S. A.

543

5657

BALTIMORE CITY HEALTH DEPARTMENT

51 5657

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)WASHINGTON
Hilbert Smallwood2. DATE
OF
DEATH

June 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Cpl 2

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 411X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-11-1951, to 6-25-1951, that I last saw the deceased alive on 6-25-1951 and that death occurred at 10:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 26 1951

VS 150

1303 Presstman St
588

Was the R H condition accompanied
by active R F at the time of death
or

infection, quiescent - - or else?

See Document File 51-5657

7 27/51

ES

was it a silo or was it a
silage?

7/1/51

See Document File 51-5657

650
51 5658BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5658

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Green

2. DATE
OF DEATH

June 24/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Md.

Hendall

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

5300

D. STREET ADDRESS (If rural, give location)

418 New Pittsburg Ave

5. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

August 29, 1892

9. AGE (In years last birthday) If Under 1 Year If Under 24 Hours If Under 24 Hours Min.

59

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer Bethlehem Steel Co.

10B. KIND OF BUSINESS OR INDUSTRY

Steel Co.

11. BIRTHPLACE (State or foreign country)

Appomattox County Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank Green

SHIP YARD

14. MOTHER'S MAIDEN NAME

Fannie Watkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Marsden Green 418 New Pittsburg Ave

18. 760X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Diabetic Acidosis

DUE TO

(C)

Diabetic Mellitus

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardiovascular Disease Unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to June 24, 1951, that I last saw the deceased alive on June 24, 1951, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

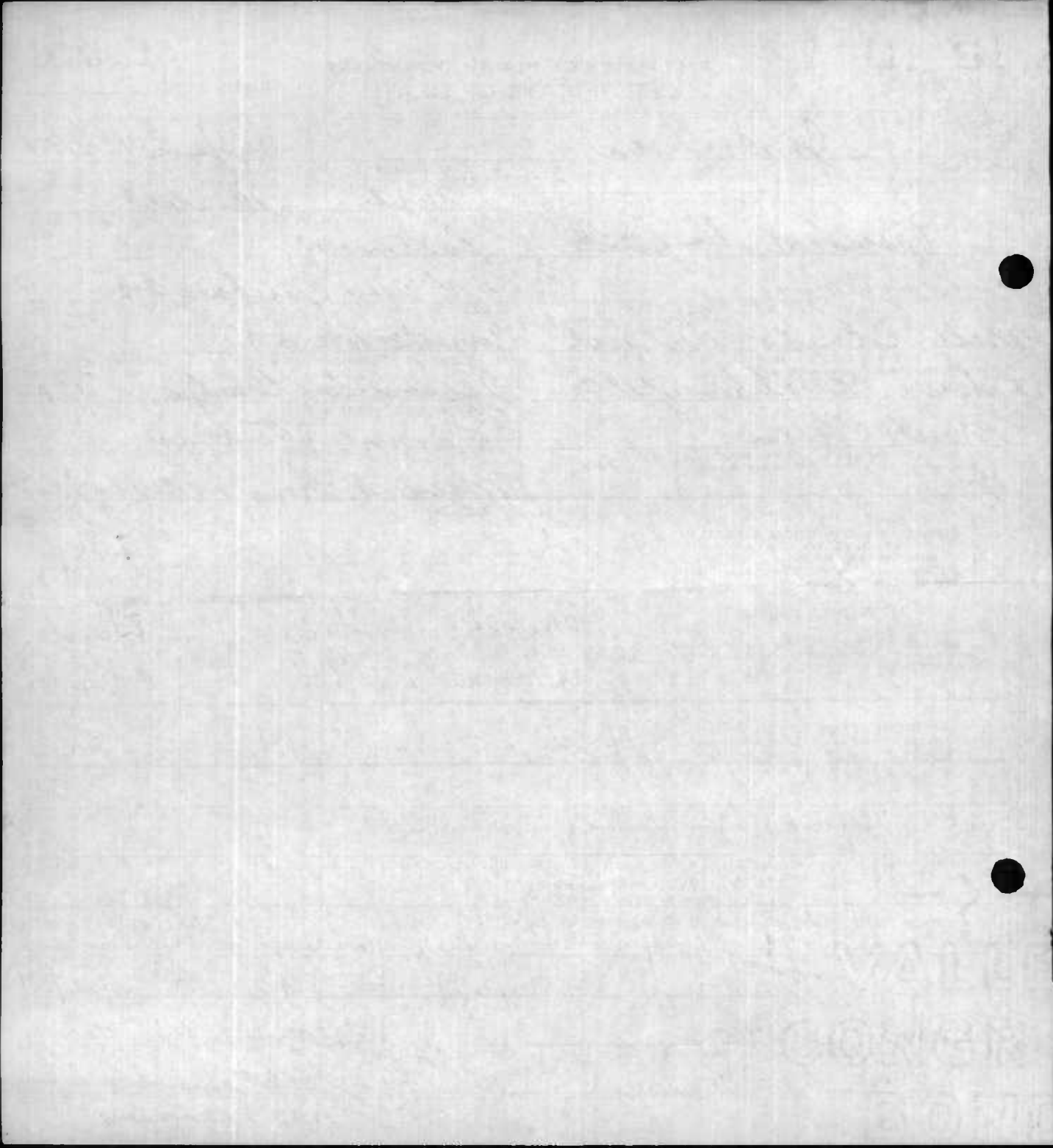
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 26 1951
JUN 26 1951
JUN 26 1951Mrs. Phyllis A. Elliott, Daughter
11297. Churchill St 61



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5659 Registered No. 51 5659

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

UPTON SCOTT BRUMMEL

2. DATE
OF
DEATH

June 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Pine Ridge Nursing Home
4703 Hampnett Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Dundalk

D. STREET ADDRESS (If rural, give location)

2939 Cornwall Rd.

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 4, 1881

9. AGE (in years
last birthday)

69

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

David O. Brummel

14. MOTHER'S MAIDEN NAME

Amanda Sellers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

--yes

Spanish American

16. SOCIAL
SECURITY NO.

216-10-6001

17. INFORMANT

ADDRESS

Mrs. J. Catherine Abbott - 2939 Cornwall

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Thrombosis

Immediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(D)

Hypertension due to old arteriosclerosis

4 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Accident

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 12, 1951, to May 10, 1951, that I last saw the deceased alive on May 19, 1951, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

June 27, 1951

Druid Ridge Cem.

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

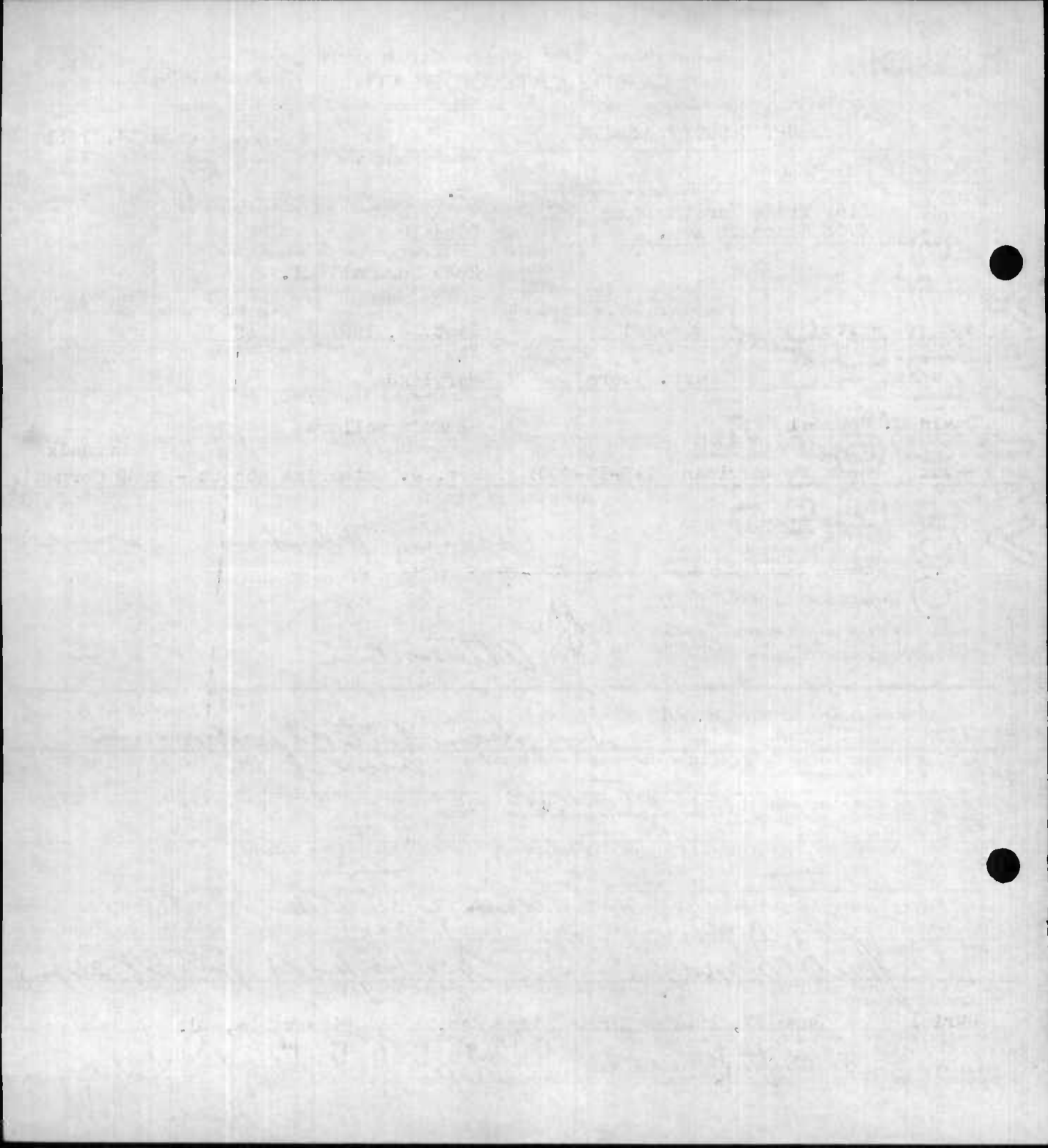
ADDRESS

JUN 26 1951

Funerary Association

7636C 942 Balto Md.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



526
51 5660BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5660
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CATHERINE SCHWINGER			2. DATE OF DEATH June 25, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION 4905 Herring Run Drive			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 4905 Herring Run Drive		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 25, 1874		9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Daniel Kratz			14. MOTHER'S MAIDEN NAME Catherine Schwartz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Miss May Schwinger - 4905 Herring Run Dr		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral vasculous thrombosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH 21 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebral arteriosclerosis DUE TO		? 5 years
(C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Hypertensive arteriosclerotic Heart Disease 6 mos.

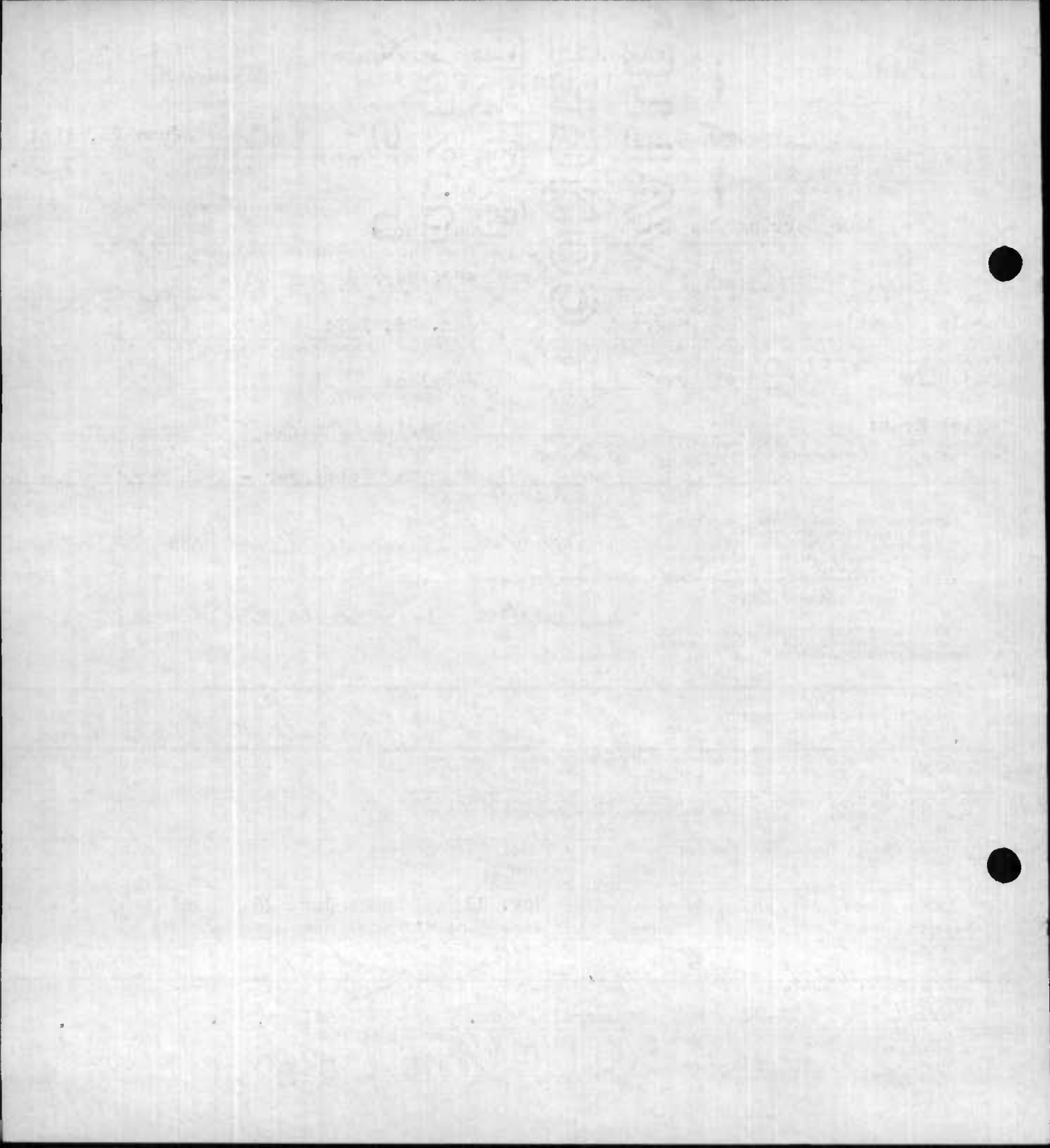
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Nov. 27**, 19**50**, to **June 25**, 19**51**, that I last saw the deceased alive on **June 24**, 19**51**, and that death occurred at **2:45 Pm.**, from the causes and on the date stated above.

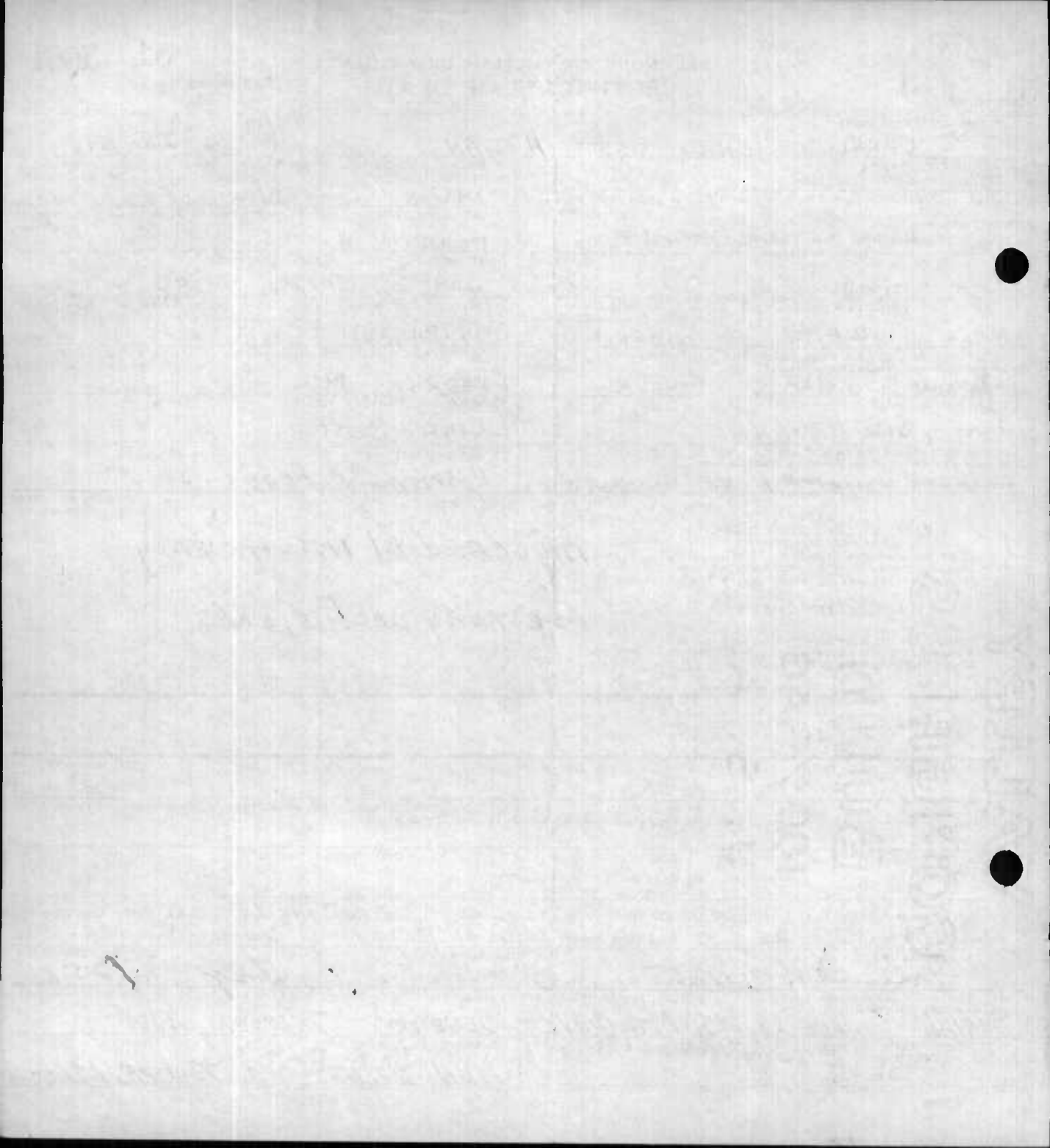
23A. SIGNATURE Perry F. Williams M. O.	23B. ADDRESS 2 E. Read St	23C. DATE SIGNED 6/26/51
--	-------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/28/51	24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1951	REGISTRAR'S SIGNATURE Wm. J. Williams	25. FUNERAL DIRECTOR Wm. J. Williams	ADDRESS 937 Balto., Md.

VS 150



Correct age is especially important. If incorrect, please write the correct age and re-submit.



630
51 5662

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5662
Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES PRATT

2. DATE
OF
DEATH

6-24-51.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

210 McMECHEN ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

210 McMECHEN ST.

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

7-10-1888

9. AGE (In years last birthday)

62

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

GENERAL

11. BIRTHPLACE (State or foreign country)

ESSEX CO. VA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

JAMES PRATT

14. MOTHER'S MAIDEN NAME

ELIZABETH LATNEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

IDA PRATT - 210 McMECHEN ST.

18.

151X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gastric Carcinoma

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-13-1951 to 6-24-1951, that I last saw the deceased alive on 6-23-1951, and that death occurred at 8:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Frank A. Saunders M. D.

1029 N. Stuyvesant St

6-25-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

6-28-51

MT. AUBURN

BALTIMORE, MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 26 1951

Wm. A. Jackson

Wm. A. JACKSON - 916 PENNA. AVE.

correct age is especially important. In signatures, please write the causes of death clearly and legibly.

James - 1890

Memphis
Tennessee

110 McIlhenny St

1902

Male - 1890

James - 1890

James - 1890

James - 1890

James - 1890

110 McIlhenny St

James - 1890

James - 1890

James - 1890

James - 1890

James - 1890

James - 1890

James - 1890

James - 1890

James - 1890

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James - 1890

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James - 1890

James - 1890

James - 1890

James - 1890

James - 1890

65051 5663

51 5663

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Inez Green

2. DATE
OF
DEATH

6/22/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1610 East Lombard Street

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1610 East Lombard Street

Length of stay in Baltimore

II Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 26, 1905

9. AGE (In years
last birthday)

45

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Greensville, N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Reed

14. MOTHER'S MAIDEN NAME

Lena Crandle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William Johnson 1612 E. Lombard St

1B. 002X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Bilateral, For (Arteries), Pulmonary
Tuberculosis

3-4 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 6-7, 1951, to 6-22, 1951, that I last saw the
deceased alive on 6-20, 1951, and that death occurred at 100 m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

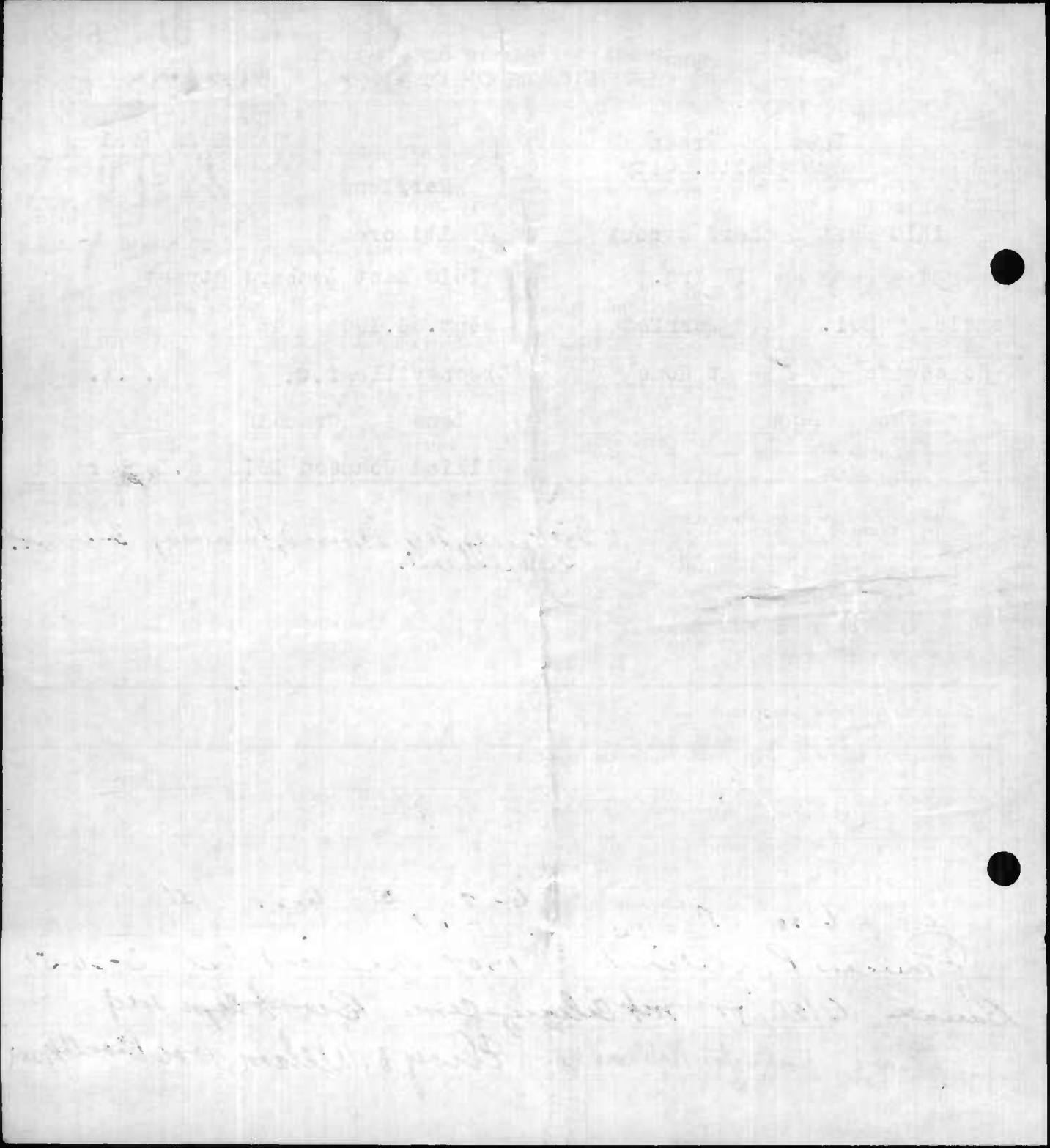
25. FUNERAL DIRECTOR

ADDRESS

JUN 26 1951

VS 150

1313



620
51 5664BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5664

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH BAROCH			2. DATE OF DEATH June 24, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland 830 N. Patterson Park Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Md. B. COUNTY 7-03		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 50			D. STREET ADDRESS (If rural, give location) 830 N. Patterson Park Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 21, 1878	9. AGE (In years last birthday) 73	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired - bushelman			11. BIRTHPLACE (State or foreign country) Czechoslovakia		
10B. KIND OF BUSINESS OR INDUSTRY Mfg. Outlet Co.			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME unknown			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. 213-01-1158A		
17. INFORMANT Barbara S. Davis, dght, above			ADDRESS		

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Broncho-pneumonia paralyzed Anterior cerebral - Mal Nutrition	INTERVAL BETWEEN ONSET AND DEATH 3 days ? ?
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/21 , 19 51 , to 6/24 , 19 51 , that I last saw the deceased alive on 6/23 , 19 51 , and that death occurred at 7:10 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE L. J. Klimes		23B. ADDRESS 2623 E. May St.		23C. DATE SIGNED 6/25/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 27, 1951	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 26 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Schlimmek Funeral Home, Inc.		ADDRESS 2601-3-5 E. Madison St.	

116

— 93 —

356
51 5665BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5665
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Emelia Bruther</i>			2. DATE OF DEATH <i>6/25-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Colonial Nursing Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1127 Valley St.</i>		
5. SEX <i>F.</i>	6. COLOR OR RACE <i>N.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>N.</i>	8. DATE OF BIRTH <i>March 25, 1864</i>	9. AGE (In years last birthday) <i>83</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. <i>352 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hemiplegia</i> DUE TO	CAUSE OF DEATH <i>Hemiplegia</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>12 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from *10th*, 19*51*, to *6/25*, 19*51*, that I last saw the deceased alive on *6/25*, 19*51*, and that death occurred at *10th* m., from the causes and on the date stated above.

23A. SIGNATURE
Dr. Johnson M. D. 23B. ADDRESS
403 Med Arts Bldg 23C. DATE SIGNED
6/25-51

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial 24B. DATE
June 27/51 24C. NAME OF CEMETERY OR CREMATORY
Fondroy Park 24D. LOCATION (City, town, or county) (State)
Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR
JUN 26 1951 REGISTRAR'S SIGNATURE
Wm. Williams, M.D. 25. FUNERAL DIRECTOR
Spring Byers ADDRESS
5035 Ph. Rd.

institution case

① Transcript

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5666**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA GIORDANO

2. DATE
OF
DEATH

23 JUNE - 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland **400 S Eden St**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

400 S. Eden St

C. Length of stay in Baltimore

Life

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **MD** COUNTY **BALTO CTY**

C. CITY OR TOWN (If outside corporate limits, write M.D.A. and give township)

400 S Eden St

D. STREET ADDRESS (If rural, give location)

400 S Eden St

5. SEX

Fe

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

30 Oct. 1897

9. AGE (In years, last birthday)

54

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Own Home

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

GIUANNI GIORDANO

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

Ames.

14. MOTHER'S MAIDEN NAME

HSUNTO PATTESCKI

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
BRO. SAMUEL GIORDANO - 400 S Eden St

18. **170x**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of Breast with metastasis.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

3YRS

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 10 - 48**, to **June 23, 1951**, that I last saw the deceased alive on **June 23, 1951**, and that death occurred at **12:35 PM**, from the causes and of the date stated above.

23A. SIGNATURE
Anthony F. Carozza

M. D.

23B. ADDRESS
5217 York Rd

23C. DATE SIGNED
6/20/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

June 22, 1951

Holy Redeemer

Belair Road, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 26 1951

Huntington Williams, Jr.

Wendell J. Heppel, 312 N. Highland

MEDICAL CERTIFICATION

correct age is extremely important. Physicians please write the cause of death clearly and legibly.

COLEMAN

RECEIVED

1914

1914

1914

1914

1914

1914

1914

1914

1914

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1914

1914

1914

1914

262 51 5667

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5667

BIRTH NO.

N.A.

1. NAME OF DECEASED
(Type or Print)

NICKERSON RUTH ANN

2. DATE
OF
DEATH

6/26/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

MD

B. COUNTY

Kent.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

H.M.O. HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

LYNCH.

D. STREET ADDRESS (If rural, give location)

6400

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

9. AGE (In years
last birthday)

23 mo

If Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Child

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CEROY.

14. MOTHER'S MAIDEN NAME

Scott.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 180X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary Congestion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Uterus tumor - c
multiple metastases.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/17/51, 19, to 6/26/51, 19, that I last saw the deceased alive on 6/26/51, 19, and that death occurred at 4:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. J. Bromberg

M. D.

23B. ADDRESS

Henn. Hospital

23C. DATE SIGNED

6/26/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/29/51

24C. NAME OF CEMETERY OR CREMATORY

Kennedyville Church

24D. LOCATION (City, town, or county)

5 Kennedyville Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

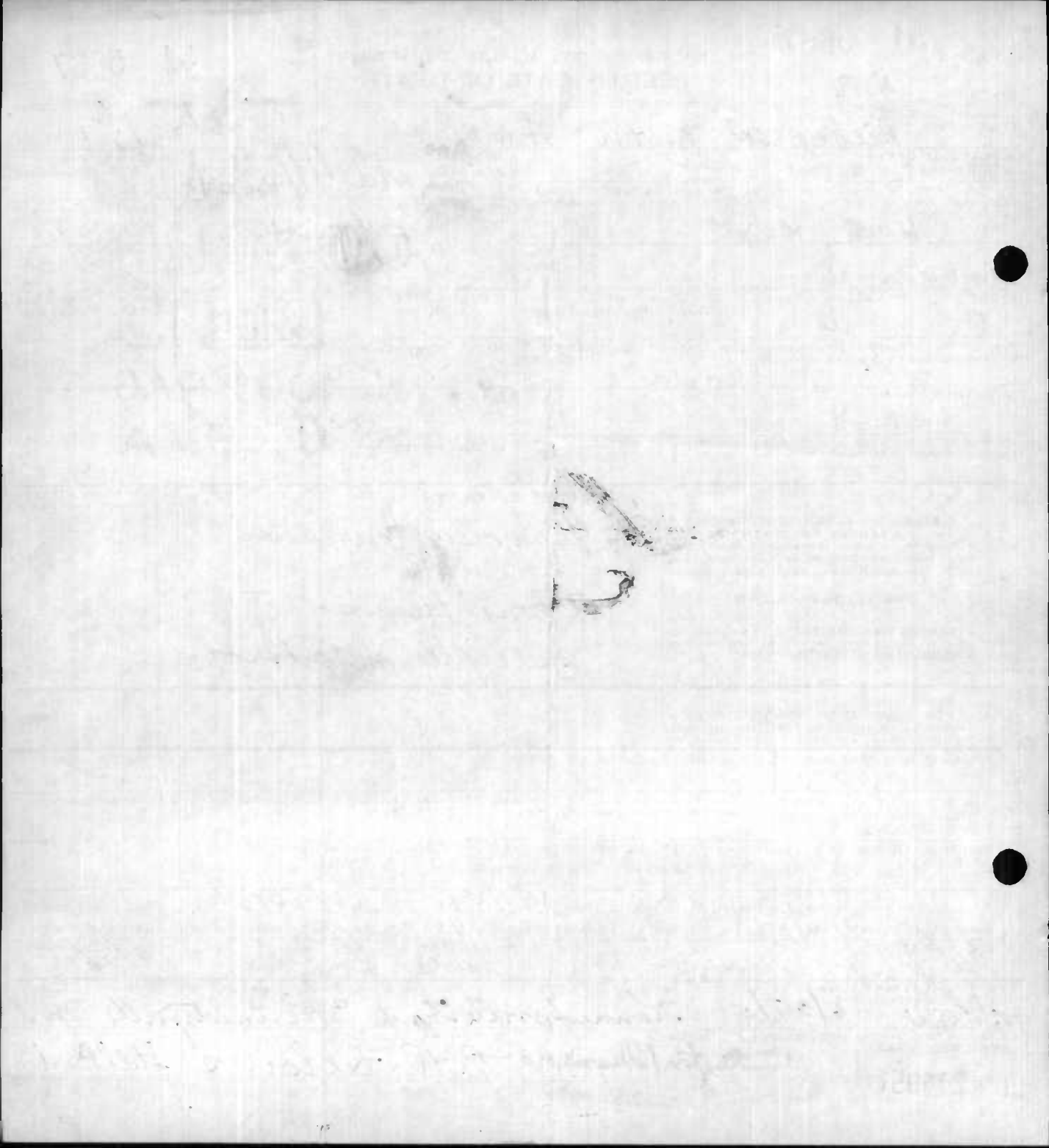
B. R. Fellows

ADDRESS

Still Pond

JUN 27 1951

52a



51 5668

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

51 5668
 Registered No.

BIRTH NO.

1. NAME OF DECEASED
 (Type or Print)

DAVID

PEARL

2. DATE
 OF
 DEATH

June 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

8. FULL NAME OF
 HOSPITAL OR
 INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
 Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3913 Norfolk Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
 WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years
 last birthday)

60

10. Under 1 Year
 Months: Days11. Under 24 Hours
 Hours: Min.10A. USUAL OCCUPATION (Give kind of
 work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
 INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
 WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Morris

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
 (Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
 SECURITY NO.

17. INFORMANT

ADDRESS

Nathan Berlin -3913 Norfolk Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
 ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
 LEADING TO DEATH
 (This does not mean the mode of dying, e. g.,
 heart failure, asthenia, etc. It means the disease,
 injury or complication which caused death.)

(A) Fracture of skull

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
 RISE TO THE ABOVE CAUSE (A) STATING THE
 UNDERLYING CONDITION LAST.

(B) Contusion of brain

DUE TO

(C) Subdural hemorrhage

II

OTHER SIGNIFICANT CONDITIONS CON-
 TRIBUTING TO THE DEATH, BUT NOT RELATED
 TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
 UNDERLYING OR CONTRIB-
 UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
 about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID
 INJURY OCCUR? (If in Baltimore City, give exact location)

Gwynn Falls Parkway and Holmes Avenue

21D. TIME (Month) (Day) (Year) (Hour)
 OF INJURY

6-26-51 6:20 a.m.

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE
 AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto and auto collision

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
 the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
 and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Duvacher

23B. CHIEF MEDICAL EXAMINER.....
 ASSISTANT MEDICAL EXAMINER.....
 MEDICAL INVESTIGATOR.....23C. DATE SIGNED
 6-26-5124A. BURIAL, CREMA-
 TION, REMOVAL (Specify)

Burial

24B. DATE

6/27/1951

24C. NAME OF CEMETERY OR CREMATORY

Wash Blvd

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
 LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington

25. FUNERAL DIRECTOR

J. L. Lenoir - 2400 Eutaw Pl

ADDRESS

VS 151

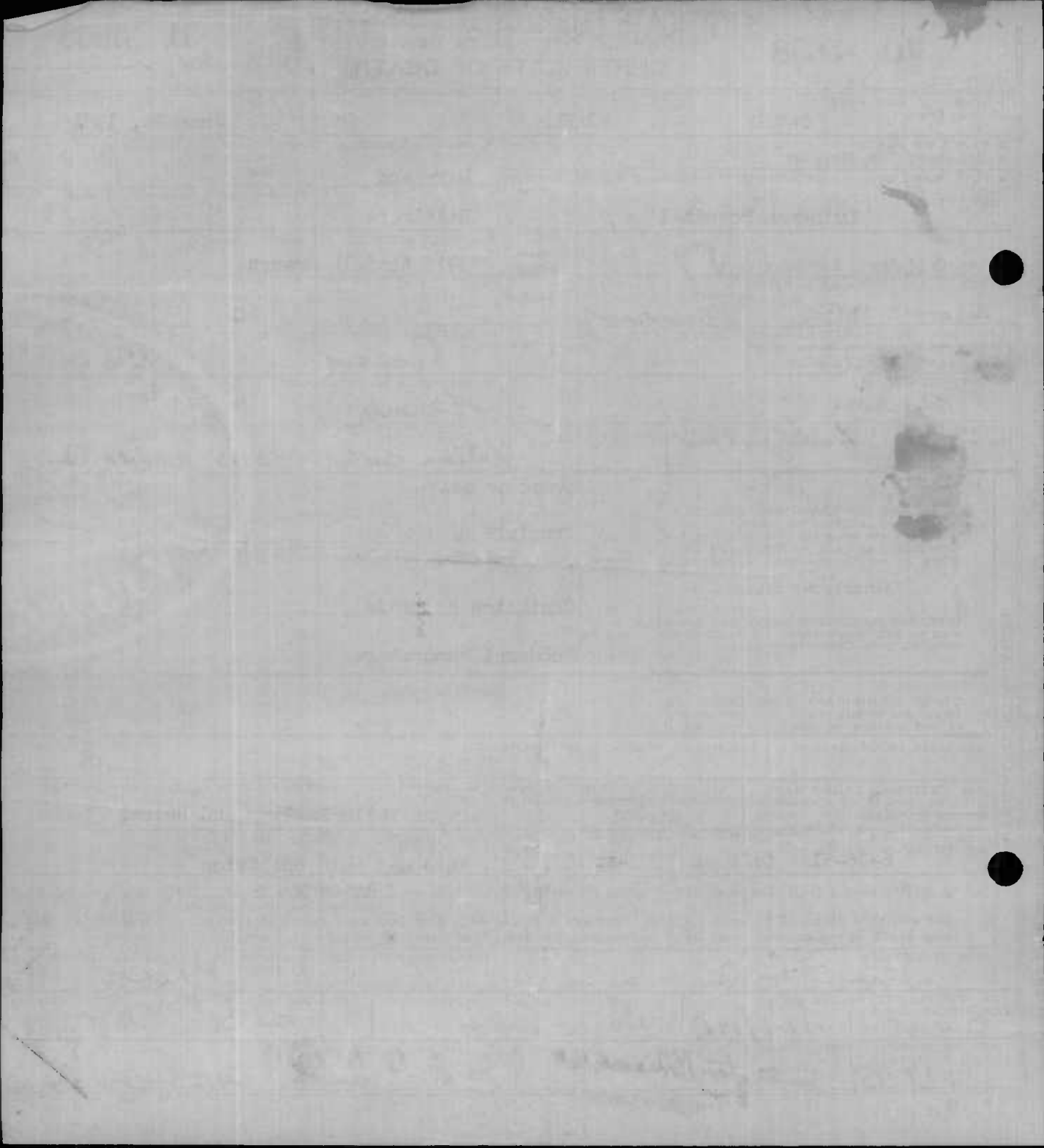
N-803.2

68254

170C

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



500
51 5669BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5669

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MATILDA KRAIN

2. DATE
OF
DEATH

6-26-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Levindale

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-18

D. STREET ADDRESS (If rural, give location)

3514 Lucille Ave

E. Length of stay in Baltimore

30

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Female

White

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Jacob

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

58

11. BIRTHPLACE (State or foreign country)

Hungary

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Dorothy

17. INFORMANT

ADDRESS

Morris Krain -

Home

18. 237X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Pneumonia

1 week

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Tumor of brain

years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11-17-48 to 6-26-51, that I last saw the deceased alive on 6-26-51, and that death occurred at 4:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

M. D.

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

6-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

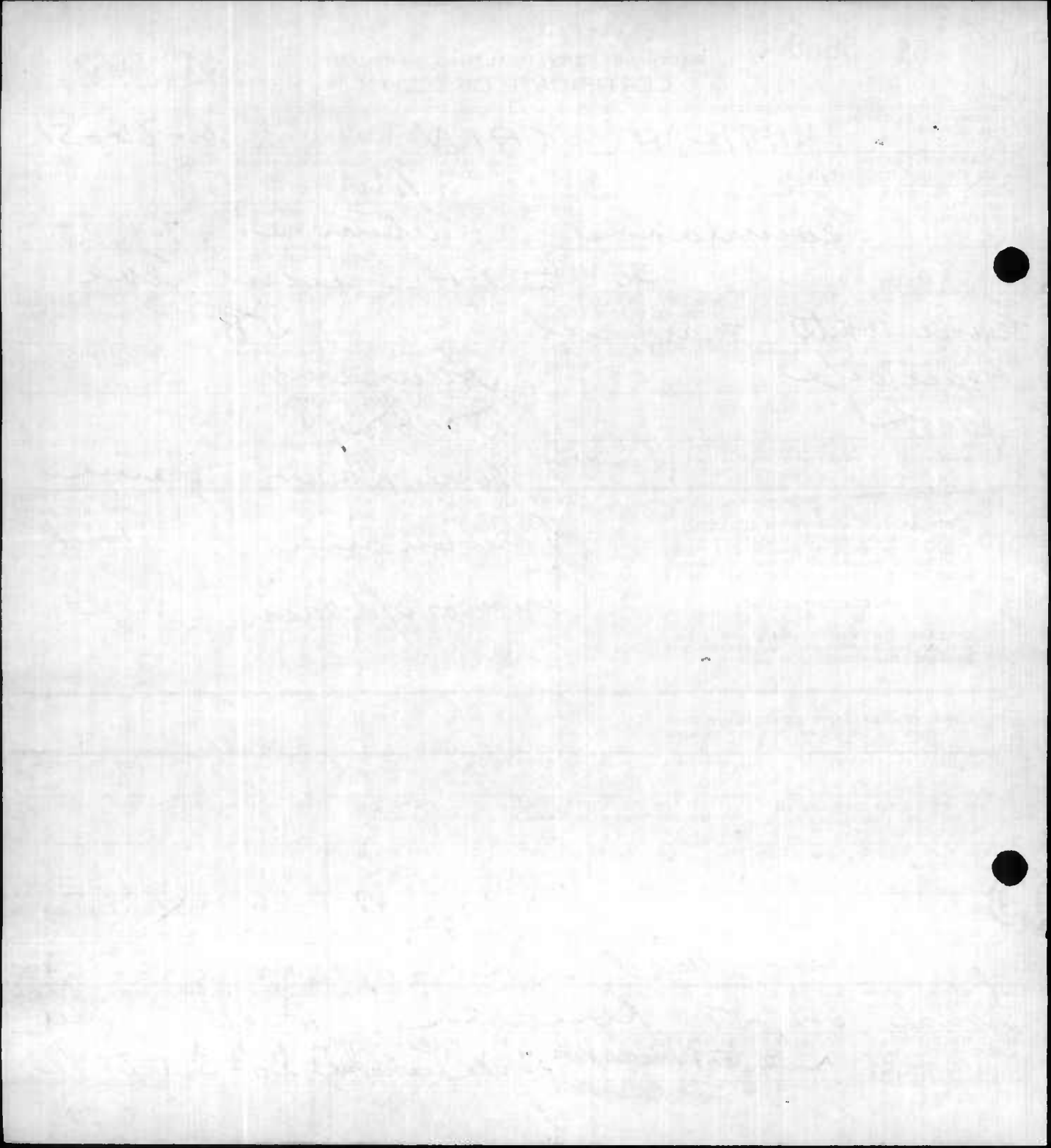
25. FUNERAL DIRECTOR

ADDRESS

JUN 27 1951

Wilmington, Delaware

Jack Lewis 5200 Baitan Pl



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

552

51 5670

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5670
Registered No.

BIRTH NO.

51-14756

1. NAME OF DECEASED
(Type or Print)

Baby Boy Omancky

2. DATE
OF
DEATH

6/25/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hospital of Maryland

C. Length of stay in Baltimore

4

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Joseph Omancky

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-03

D. STREET ADDRESS (If rural give location)

4602 Norfolk Ave

8. DATE OF BIRTH

9. AGE (In years last birthday)

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Lillian Goodman

17. INFORMANT

ADDRESS

Joseph Omancky - same

18. 76 r. o

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemorrhagic Diathesis of lung.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Atrial fibrillation.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6/24, 1951, to 6/25, 1951, that I last saw the deceased alive on 6/25, 1951, and that death occurred at 7:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 27 1951

Walter H. Williams

Jack Beaver, 2600 Eastern Pl

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of _____

City of _____

On this _____ day of _____

460
51 5671MAHLER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5671
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELMER MAHLER			2. DATE OF DEATH 6/26/1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3700 GWYNNS FALLS PKWY			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 15-38		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3700 GWYNNS FALLS PKWY		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday) 57	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MANAGER		10B. KIND OF BUSINESS OR INDUSTRY SHOE STORE		11. BIRTHPLACE (State or foreign country) MILWAUKEE, WISC.	
13. FATHER'S NAME EDWARD		14. MOTHER'S MAIDEN NAME ANNA		12. CITIZEN OF WHAT COUNTRY? U.S.A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT MRS. JOEL RAPHAEL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		ADDRESS 3700 GWYNNS FALLS PKWY	

18. 420.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Coronary Thrombosis DUE TO	11 hours
ANTECEDENT CAUSES	(B) Coronary insufficiency DUE TO	20 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) Gall stones	5 years.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct. 24, 1950**, to **June 26, 1951**, that I last saw the deceased alive on **6/26/51**, 19, and that death occurred at **11:00AM.**, from the causes and on the date stated above.

23A. SIGNATURE A. A. [Signature]	23B. ADDRESS Temple Gardens Apt.	23C. DATE SIGNED 6/26/51
--	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 6-27-51	24C. NAME OF CEMETERY OR CREMATORY Milwaukee - Wis	24D. LOCATION (City, town, or county) (State) Wisc
DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR Jack Lewis Inc - 2100 Eutaw Pl	ADDRESS

VALLEY
CONGRESS

1204

530
51 5672BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5672

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary M. Smith

2. DATE
OF
DEATH

6/26/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

University Hospital

Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Balto. 15-01

D. STREET ADDRESS (If rural, give location)

1641 N Carey St.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Private

13. FATHER'S NAME

William Simpson

11. BIRTHPLACE (State or foreign country)

Charles Co Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, "see of, unknown")

no

(If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Cathell Smith - Carey St.

ADDRESS

18.

157X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of body of pancreas (prob)

13 mo

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Partial duodenal obstruction

DUE TO

Common bile duct obstruction

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 6, 1951, to June 25, 1951, that I last saw the deceased alive on June 25, 1951, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Raymond Bradshaw, Jr.

M. D.

23B. ADDRESS

University Hospital, Balto.

23C. DATE SIGNED

6/26/51

24A. BURIAL OR CREMATION REMOVAL (Specify)

Burial

24B. DATE

6/29/51

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's Cemetery

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUN 27 1951

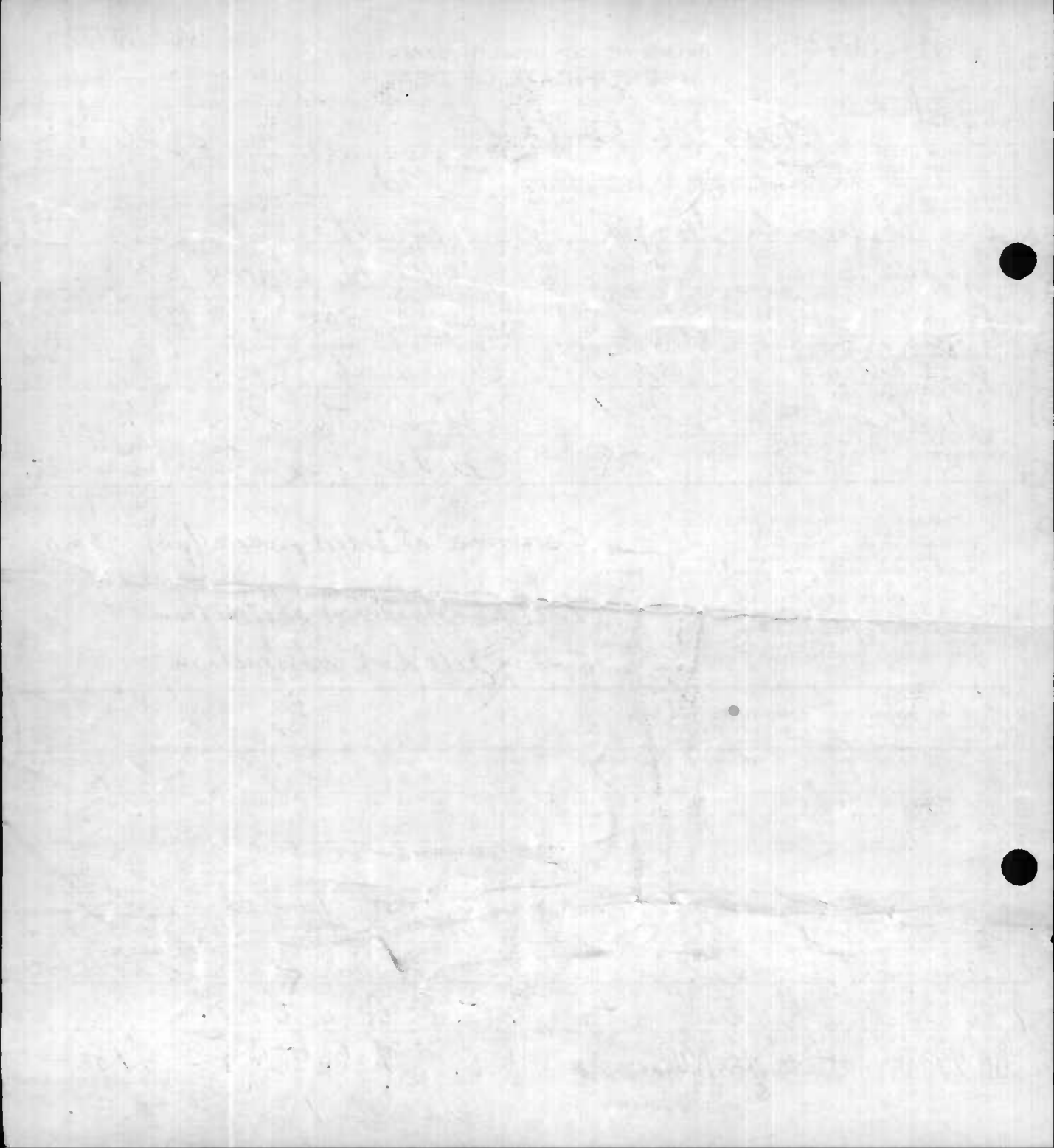
REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

A. Halstead - 918 -

ADDRESS



410 51 5673

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5673

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARY A. Zulauf

2. DATE
OF
DEATH

6/26/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

2112 N. Calvert

D. STREET ADDRESS (If rural, give location)

Baltimore 12-04

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12/14/1865

9. AGE (In years
last birthday)

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

12. CITIZEN OF
WHAT COUNTRY?

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own House

11. BIRTHPLACE (State or foreign country)

Balto. Md.

13. FATHER'S NAME

William Haase

14. MOTHER'S MAIDEN NAME

Margaret Kopp

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Geo. L. Zulauf 2112 N. Calvert St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Mnesia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Arteriose Cardiovas. Dis & Arr. fibrill

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hydrops of gallbladder

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-12, 1951 to 6-26, 1951 that I last saw the
deceased alive on 6-26, 1951, and that death occurred at 3:25 P. M., from the causes and on the date stated above.

23. SIGNATURE

Edwin M. Hubbard

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

6/26/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/30/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Parkville Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Esther Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm Bok Inc. 1217 St. Paul St.

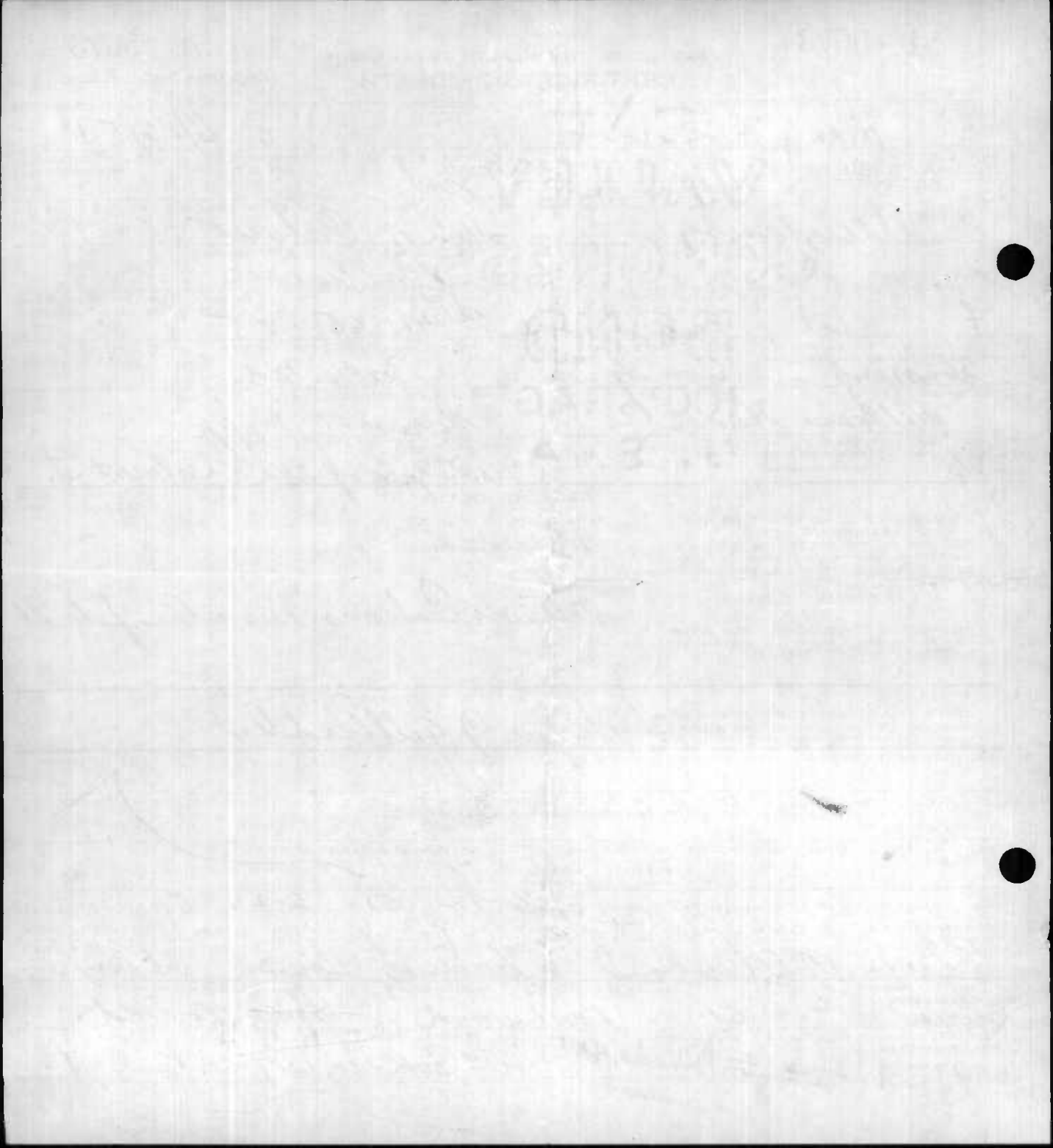
JUN 27 1951

VS 150

937

MEDICAL CERTIFICATION

correct age is especially important. In young persons, please write the cause of death clearly and legibly.



51 5674

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5674

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Harry Porter Dean		2. DATE OF DEATH June 25, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 9-08	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1122 East 20th Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1122 East 20th Street	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH June 24, 1897
9. AGE (In years last birthday) 54		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Floor Man		10B. KIND OF BUSINESS OR INDUSTRY Mt. Royal Hotel	
11. BIRTHPLACE (State or foreign country) Brunswick, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry West Dean		14. MOTHER'S MAIDEN NAME Maude McMahon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes W. W. 1		16. SOCIAL SECURITY NO. 217-14-1314	
17. INFORMANT Mrs. Albert George		ADDRESS 1903 East 20th Street	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 6 hours	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 25, 1951 , to _____, 19____, that I last saw the deceased alive on June 25, 1951 , and that death occurred at 9:30 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE Loy M. Quinn		23B. ADDRESS 2858 Harford Rd.	
23C. DATE SIGNED June 26, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/27/51	
24C. NAME OF CEMETERY OR CREMATORY National Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	

VALLEY

FOREST

BOOK

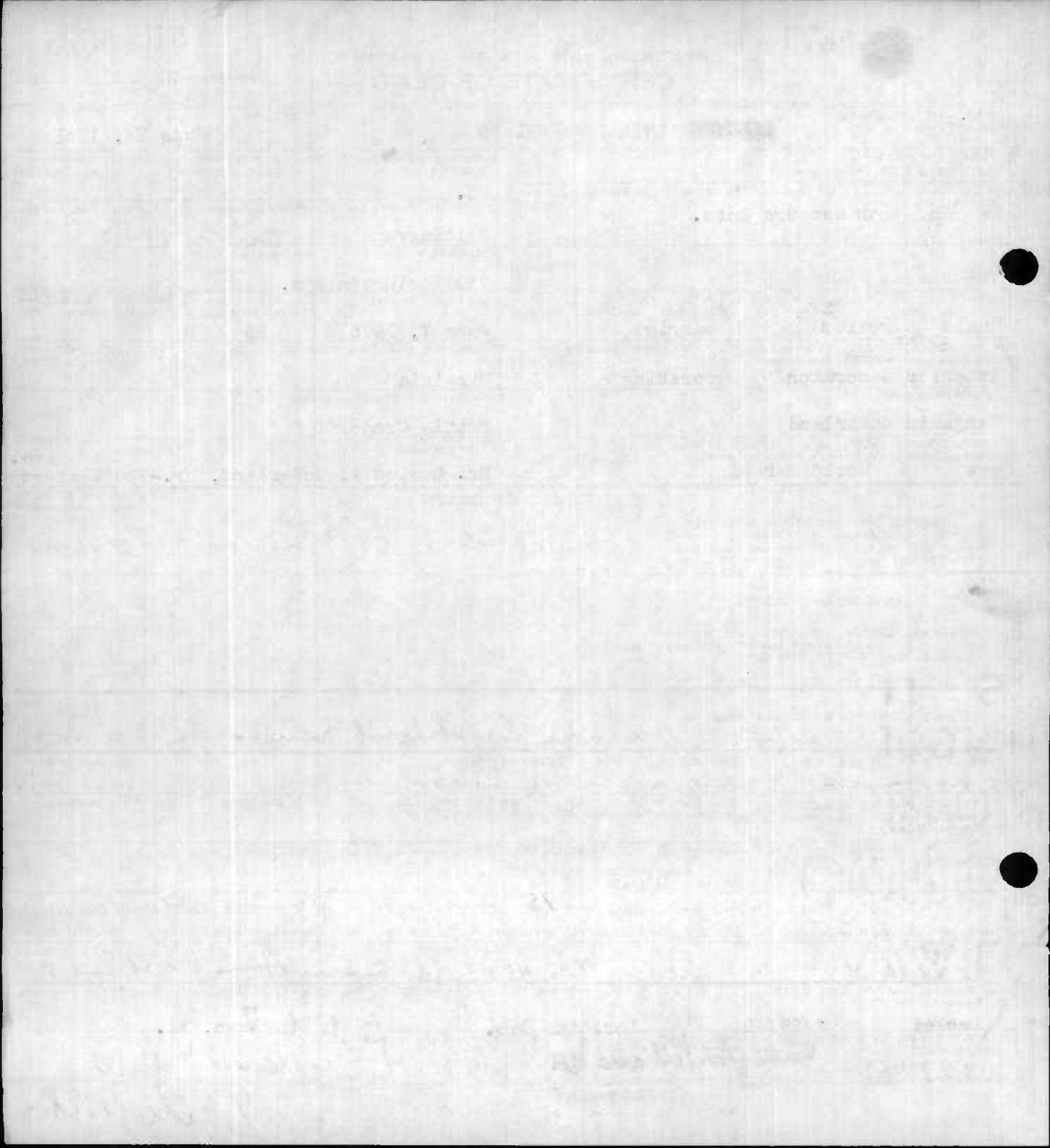
214 51 5675

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5675

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		LUCIOUS ADMIRAL McFARLAND		2. DATE OF DEATH June 26, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-01			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 720 Newington Ave.			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 7, 1895	9. AGE (in years last birthday) 56	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Interior Decorator		10B. KIND OF BUSINESS OR INDUSTRY Decorating		11. BIRTHPLACE (State or foreign country) Virginia	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Benjamin McFarland			
14. MOTHER'S MAIDEN NAME Bettie Orndorff		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) yes World War #1			
16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Lucius A. McFarland, Jr.-720 Newington Ave.			
18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cirrhosis of Liver DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 5 years			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Acute Esophageal hemorrhage 6 hrs.		22. I hereby certify that I attended the deceased from 15 June, 1951, to 26 June, 1951, that I last saw the deceased alive on 26 June, 1951, and that death occurred at 9:15 a.m., from the causes and on the date stated above.			
23A. DATE OF OPERATION 20 June 51		23B. MAJOR FINDINGS OF OPERATION Cirrhosis of Liver.		24. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		25B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		25C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
26A. TIME (Month) (Day) (Year) (Hour) OF INJURY		26B. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		26C. HOW DID INJURY OCCUR?	
27. I hereby certify that I attended the deceased from 15 June, 1951, to 26 June, 1951, that I last saw the deceased alive on 26 June, 1951, and that death occurred at 9:15 a.m., from the causes and on the date stated above.					
28A. SIGNATURE Edward L. J. Krieg M.D.		28B. ADDRESS 4508 Edmondson Ave		28C. DATE SIGNED 26 June 51	
29A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		29B. DATE 6/29/51		29C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.	
29D. LOCATION (City, town, or county) (State) Baltimore, Md.		30A. DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1951		30B. REGISTRAR'S SIGNATURE Lorraine Williams	
30C. FUNERAL DIRECTOR J. M. J. Lickner & Sons		30D. ADDRESS 124 B. Balto Md.		30E. SIGNATURE 51424	



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2100

51 5676

CERTIFICATE CORRECTED

7-51

BALTIMORE CITY HEALTH DEPARTMENT

51 5676

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LACEY

BENJAMIN

HALL

2. DATE OF DEATH June 23rd, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Morgue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Cordele

Ga.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Sa.

D. STREET ADDRESS (If rural, give location)
Cordele Ga.

Length of stay in Baltimore

4 weeks

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

MARCH 7, 1915

9. AGE (In years last birthday)

36

10. Months

Days

11. Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SHIP YARD WORKER

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ga.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wiley Hall

14. MOTHER'S MAIDEN NAME

Susie Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John J. Hall. (Cordele Ga.)

18. E 929.8

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Drowning, found drowned

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Harbor

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Baltimore Harbor, Pier 4, Pratt Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Unknown

21E. INJURY OCCURRED

WHILE AT WORK ☐ ? NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found drowned

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER ☒

6-27-51

MEDICAL INVESTIGATOR ☐

24A. BURIAL OR CREMATION

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

June 27/51

June 27/51

Green Mount

Greenmount Ave.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 27 1951

Wilmington Williams

John J. Mitchell & Sons Inc.

V 8 151

Wilmington Williams

John J. Mitchell & Sons Inc.

N-990X

6903U

1900 Entaw Pl. 183

33, 1921

51 5677
-320

51 5677

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>William J. R. Muths Jr.</i>		2. DATE OF DEATH <i>June 25-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>22 N. Lakewood Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>6-02</i>	
D. STREET ADDRESS (If rural, give location) <i>22 N. Lakewood Ave.</i>			
5. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 22-1921</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bank</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>New Amsterdam Bank</i>	9. AGE (In years last birthday) <i>29</i>
11. BIRTHPLACE (State or foreign country) <i>Balto. Md</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <i>Wm. J. R. Muths Sr.</i>		14. MOTHER'S MAIDEN NAME <i>Marie King</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Wm. J. R. Muths</i>		ADDRESS <i>22 N. Lakewood Ave.</i>	

18. <i>178 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Metastasis of carcinoma of the rt. testicle.</i> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>149.6 days</i>
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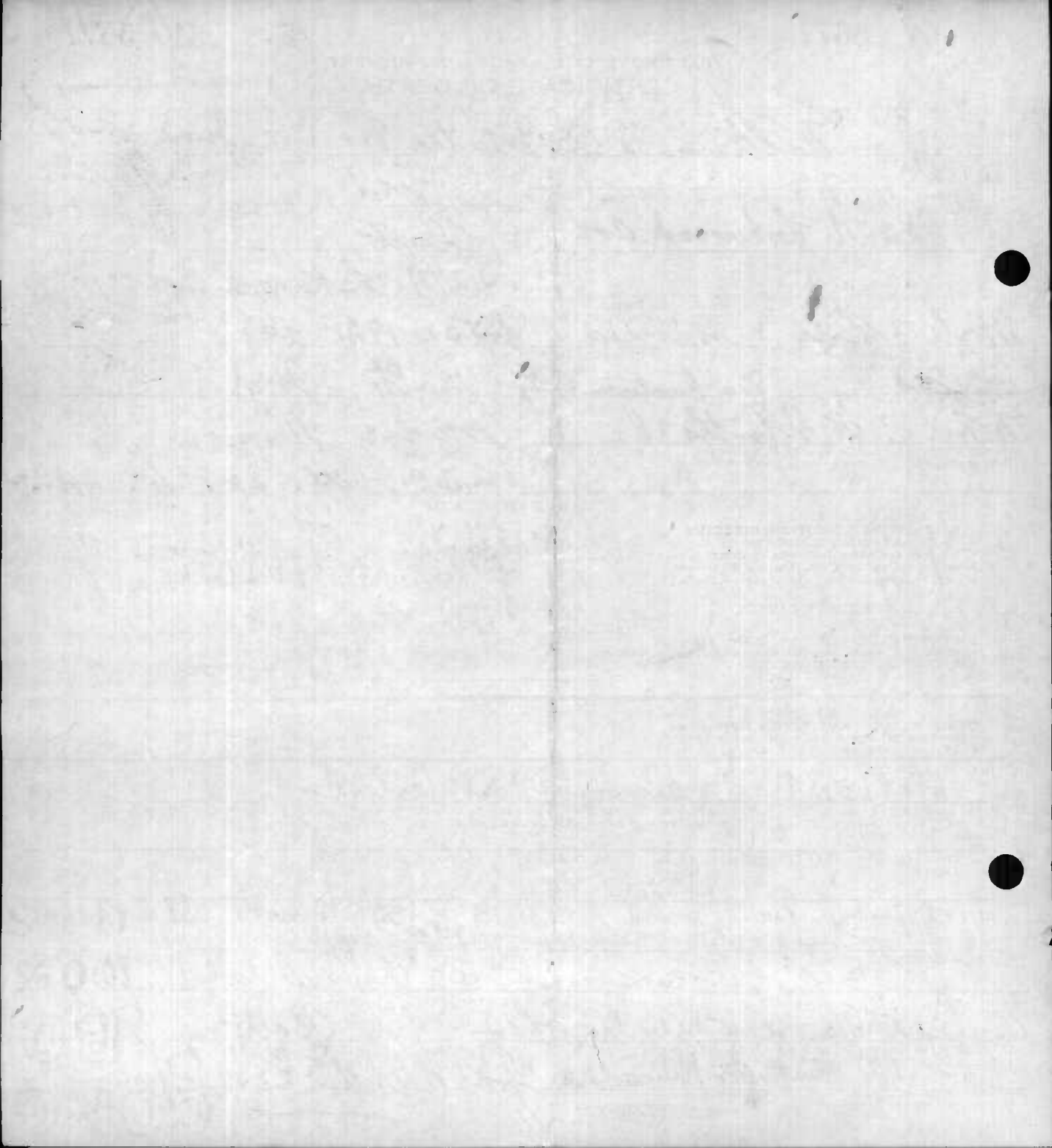
19A. DATE OF OPERATION <i>6/19/50</i>	19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of rt. testicle.</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/19*, 19*50*, to *June 25*, 19*51*, that I last saw the deceased alive on *June 25*, 19*51*, and that death occurred at *9:00 P. m.* from the causes and on the date stated above.

23A. SIGNATURE <i>B. Stevens</i>	23B. ADDRESS <i>3400 Erdman Ave</i>	23C. DATE SIGNED <i>6/26/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 28-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Balto. Cem.</i>
24D. LOCATION (City, town, or county) <i>Balto. Md.</i>	25. FUNERAL DIRECTOR <i>John A. Miller</i>	ADDRESS <i>2334 Jefferson St.</i>

DATE RECEIVED BY LOCAL REGISTRAR *JUN 27 1951*
REGISTRAR'S SIGNATURE *Wm. J. Williams*
VS 150
390 73
51C

MEDICAL CERTIFICATION
correct age is especially important. Infirmities, please write the causes of death clearly.



143

51 5678

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5678
Registered No.

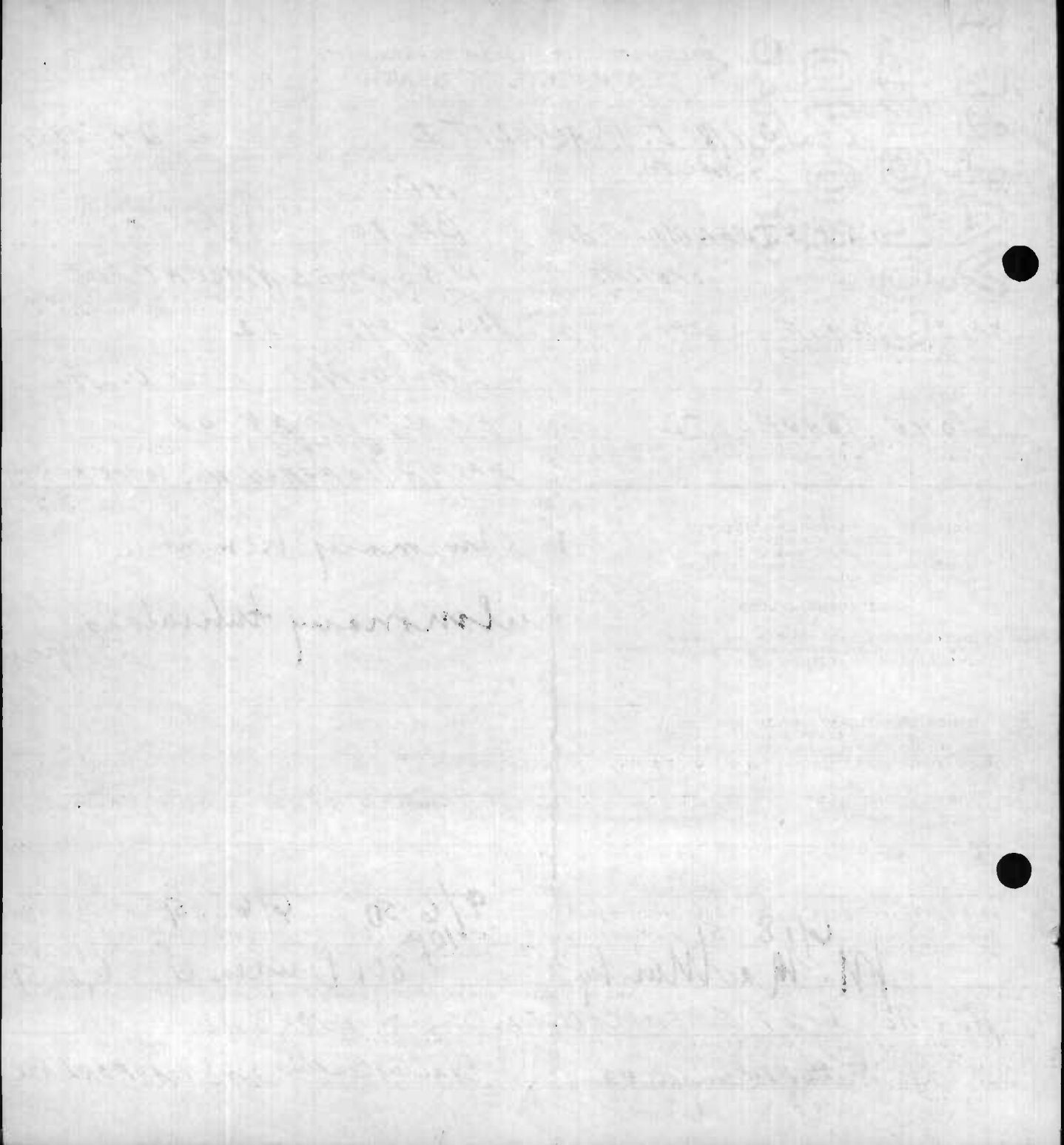
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN E. BAUBLITZ		2. DATE OF DEATH 6-24-1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland BALTO.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MD. b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION 1133 GREENMOUNT AVE		c. CITY OR TOWN (If outside corporate limits, give RURAL and give township) BALTO 10-01	
5. Length of stay in Baltimore LIFETIME		d. STREET ADDRESS (If rural, give location) 1133 GREENMOUNT AVE	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SEPARATED	8. DATE OF BIRTH NOV. 14, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME JOHN BAUBLITZ		14. MOTHER'S MAIDEN NAME EMMA CLAYTON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT MOTHER		ADDRESS EMMA HOFFMAN 1103 SOMERSET ST.	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Pulmonary hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.		Pulmonary tuberculosis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/6 1950 to 6/6 1951 , that I last saw the deceased alive on 6/18 1951 , and that death occurred at 10 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE M. M. Murchey		23b. ADDRESS 801 Buren St		23c. DATE SIGNED 6/26/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-27-51		24c. NAME OF CEMETERY OR CREMATORY FORK CHRISTIAN CHURCH	
24d. LOCATION (City, town, or county) (State) FORK MD.		25. FUNERAL DIRECTOR Walter Conklin		ADDRESS 3343 HARPORD RD	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



450 51 5679

51 5679

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>William T. FLAMM</u>		2. DATE OF DEATH <u>June 26, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Ind.</u> B. COUNTY _____	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <u>1721 Hanover St.</u>		C. CITY OR TOWN (If outside corporate limits, write C.U.A. and give township) <u>Baltimore 23-03</u>	
6. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>1721 Hanover St.</u>	
7. SEX <u>Male</u>	8. COLOR OR RACE <u>White</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	10. DATE OF BIRTH <u>Dec. 17, 1869</u>
11. AGE (In years last birthday) <u>81</u>		12. If Under 1 Year Months: Days Hours: Min.	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Ice Dealer</u>		14. KIND OF BUSINESS OR INDUSTRY <u>Ice Distributor</u>	
15. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>		16. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
17. FATHER'S NAME <u>John Flamm</u>		18. MOTHER'S MAIDEN NAME <u>Dora (?)</u>	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		20. SOCIAL SECURITY NO. <u>None</u>	
21. INFORMANT <u>Mrs. Mildred I. Gobrecht</u>		22. ADDRESS <u>Same</u>	

18. <u>422.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Aneurysm with 28 hrs.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10-15 yrs</u>
(A) DUE TO <u>24. hemorrhagic, complete</u>		
(B) DUE TO <u>secondary to arteriosclerotic C.V. disease</u>		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6/22, 1951, to 6/26, 1951, that I last saw the deceased alive on 6/25, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE <u>[Signature]</u>	23B. ADDRESS <u>107 E. West St.</u>	23C. DATE SIGNED <u>6/27/51</u>
--------------------------------------	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Unusual</u>	24B. DATE <u>June 29, 1951</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Glen Haven Cemetery, B.P. Co., Md.</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>
25A. DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 27 1951</u>	25B. REGISTRAR'S SIGNATURE <u>[Signature]</u>	25C. FUNERAL DIRECTOR <u>A. Howard Evans</u>	25D. ADDRESS <u>14005. Charles St. Bldg. 30, Wm.</u>

630
51 5680

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5680

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM L BARRETT

2. DATE
OF
DEATH

6-25-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

Dorchester

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

CAMBRIDGE 5913

D. STREET ADDRESS (If rural, give location)

107 CEMETARY AVE.

Length of stay in Baltimore

1 mo

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Aug 19, 1871

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Printer

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JAMES H L Barrett

14. MOTHER'S MAIDEN NAME

Sarah J. Lee

15. WAS DECEASED
(Yes, no or unknown)

EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

HOSP RECORDS

18. 370.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) MESENTERIC THROMBOSIS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE ARTERIO-SCLEROTIC
CARDIO-VASCULAR DISEASE

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

about 5-15-51

19B. MAJOR FINDINGS OF OPERATION

Mesenteric Thrombosis; intestinal gangrene

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20, 1951, to 6-25, 1951, that I last saw the
deceased alive on 6-25, 1951, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John W. Storer

23B. ADDRESS

M.D. Howard J. Hulland

23C. DATE SIGNED

6-25-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-27-51

24C. NAME OF CEMETERY OR CREMATORY

Dorchester

24D. LOCATION (City, town, or county)

Dorchester MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

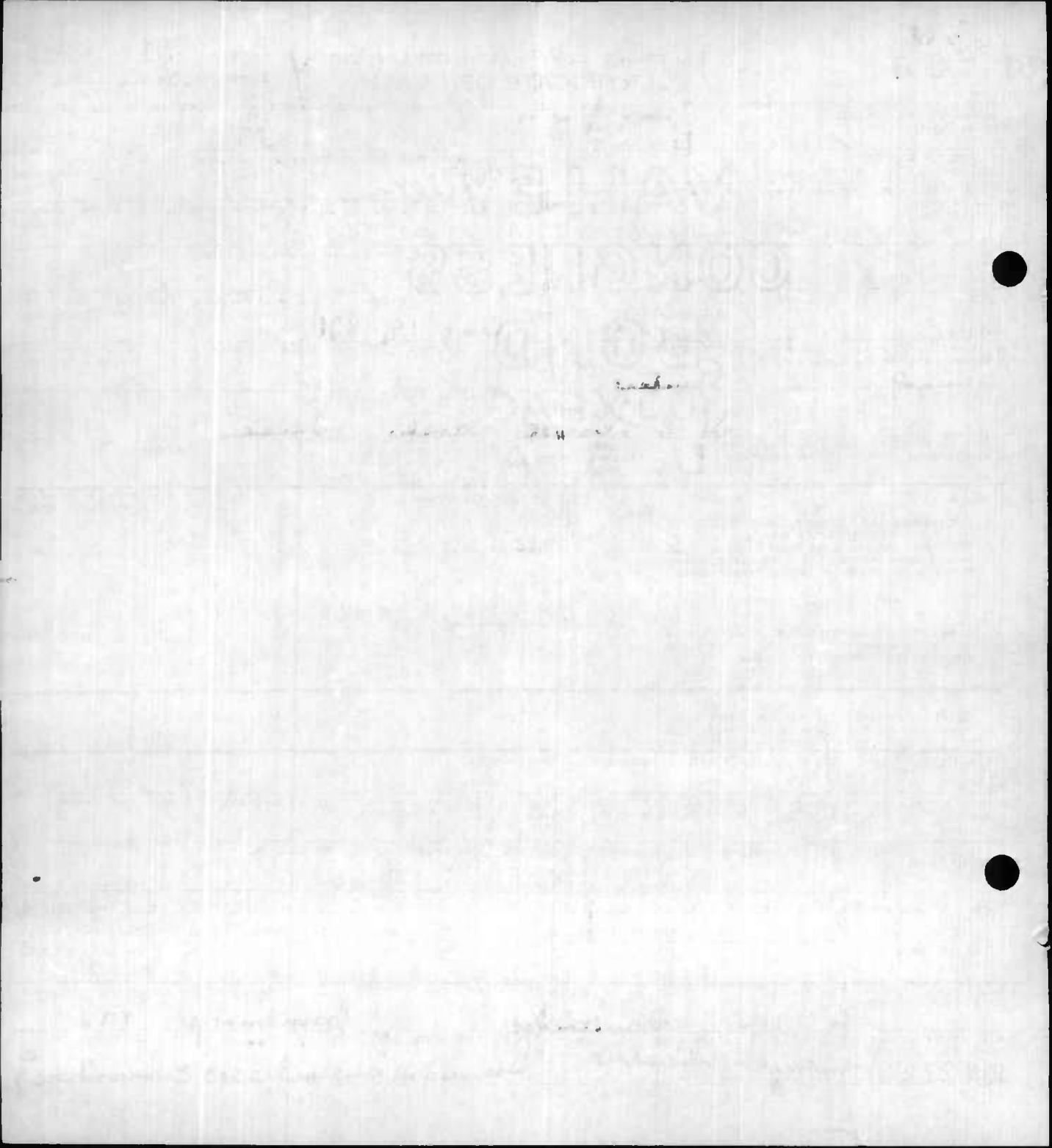
William L. Barrett

25. FUNERAL DIRECTOR

ADDRESS

JUN 27 1951

Howard J. Hulland 2503 Edmonson



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5681

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) Frederick M Rasmussen2. DATE
OF
DEATH 6-26-513. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE B. COUNTY V-27B. FULL NAME OF
HOSPITAL OR
INSTITUTION Sinai HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township) Wicomico

Length of stay in Baltimore 3

Year
Mos.
DaysD. STREET ADDRESS (If rural, give location)
416 Welmen Court

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday) 64
If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Dept. Printer10B. KIND OF BUSINESS OR
INDUSTRY
Printing Co.11. BIRTHPLACE (State or foreign country)
Pa.12. CITIZEN OF
WHAT COUNTRY?13. FATHER'S NAME
Jacob14. MOTHER'S MAIDEN NAME
Nina Nielsen15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No16. SOCIAL
SECURITY NO.
40-05-582717. INFORMANT
F. M. RasmussenADDRESS
Wicomico, MD

18. 600.0 and 180X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

RENAL INSUFFICIENCY

6 wks.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

CHRONIC PYELONEPHRITIS

6 wks.

DUE TO

(C)

HYDRONEPHROSIS

2 yrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CARCINOMA OF URETER

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

3/9/51, 3/16/51

CARCINOMA OF URETER

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2/5 1951 to 6/26 1951, that I last saw the
deceased alive on 6/26 1951, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Molecular E. Ruben M. O.

Sinai Hospital

6/27/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6-30-51

Lake Nelson Mem Park

Piscataway Township N. J.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 27 1951

Huntington Williams, M.D.

Howard J. St. Paul 2803 Edmondson Rd

VS 150

512 4M

52c

MEDICAL CERTIFICATION

CHICAGO, ILL. 6/1/30

Dear Mr. [Name],
I have just received your letter of the 28th inst. regarding the [subject]. I am sorry that I cannot give you a more definite answer at this time, but the [reason] is that the [department] is still in the process of [action]. I will be sure to let you know as soon as the matter is settled.

I am sure that you will understand the necessity of this delay. I am sure that you will be patient. I am sure that you will be satisfied with the result. I am sure that you will be happy to hear from me again.

Very truly,
[Signature]
[Name]
[Title]
[Address]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5682
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah Stewart

2. DATE
OF
DEATH

6-25-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mary Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

722 Brune St.

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

20 June 1893

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Stewart

14. MOTHER'S MAIDEN NAME

Annie Gordon

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X and E 903.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Hypertens. c.v. dis. = arrhythmia

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

William L. White, M.D.
CHIEF OR ASST. MEDICAL EXAMINEROTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Bilat. Calcus Fr. of both

4 hrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

wrist

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
Home

21C. WHERE DID (If in Baltimore City, give exact location)

INJURY OCCUR?
722 Brune Street21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

June 25, 1951 1:00 A. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped and fell to floor

22. I hereby certify that I attended the deceased from 6-25-51, 19__, to 6-25-51 19__, that I last saw the
deceased alive on 6-25-51/19__ and that death occurred at 6:40 a.m. from the causes and on the date stated above.

23A. SIGNATURE

Dorothy F. White, M.D.

23B. ADDRESS

Mary Hosp.

23C. DATE SIGNED

6-25-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

6/28/51

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's Cem

24D. LOCATION (City, town, or county)

Balto

rState)

Md

25. FUNERAL DIRECTOR

Wm. H. Williams

ADDRESS

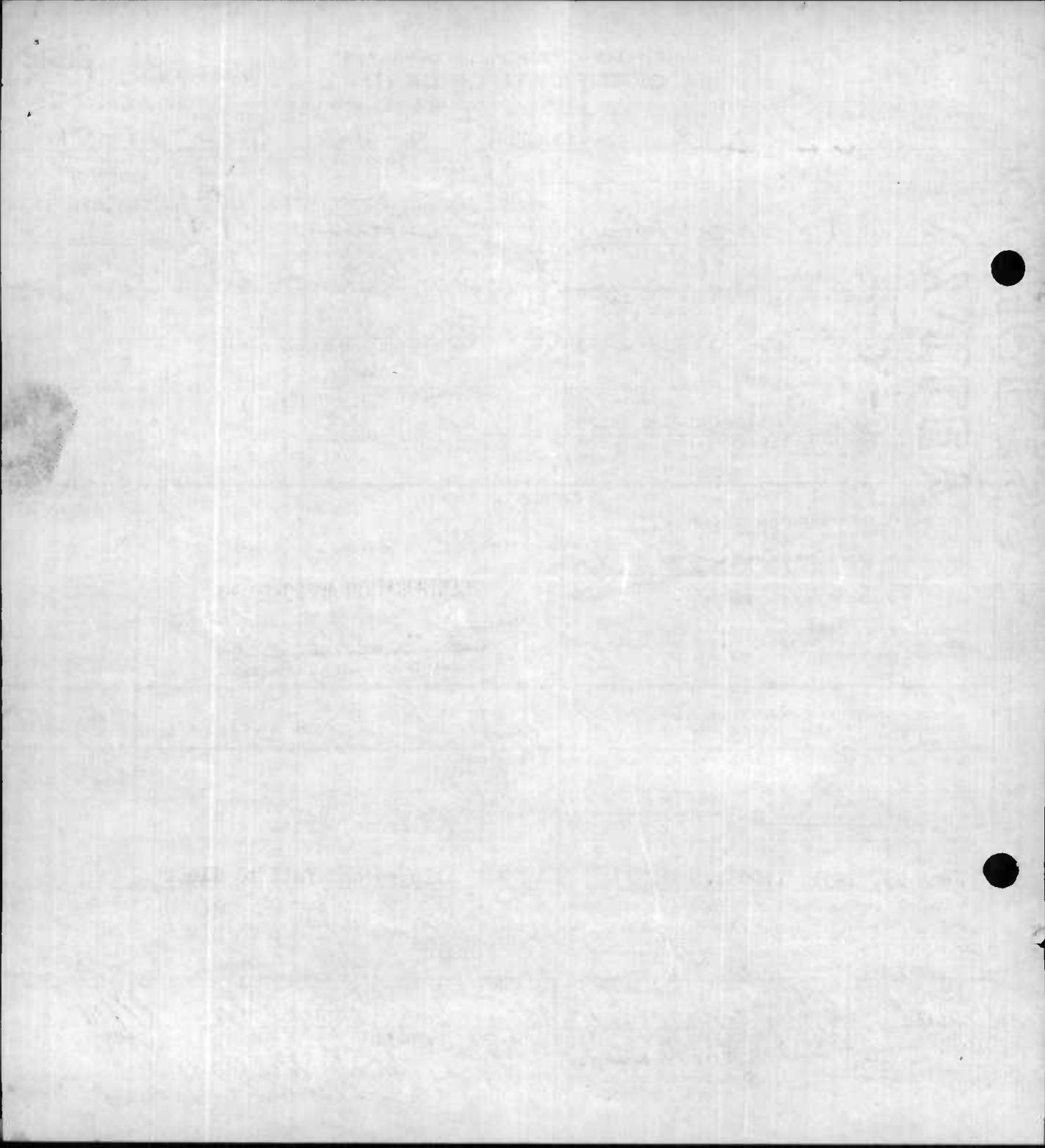
322 N. Schomden St.

93D

VS 150

N-833.0

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5683**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES H LITTLE

2. DATE
OF
DEATH

June 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write full name of township)

Baltimore

D. STREET ADDRESS (If rural, give location)

727 W. Fayette Street

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6-6-1891

9. AGE (in years last birthday)

60

10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Pactolus N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Richmond Little

14. MOTHER'S MAIDEN NAME

Mozele ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Lossie Clemons

ADDRESS **1208**

Harlem Ave

18. **E900.01**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fracture of 1st, 2nd, and 3rd cervical**

vertebrae

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

727 W. Fayette Street

4/2

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

June 24, 1951 7:25 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped and fell down stairs

22. I certify that I took charge of the remains described above, held on **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐

23A. SIGNATURE

William S. Scott

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 25, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

6/28/51

24C. NAME OF CEMETERY OR CREMATORY

W. F. Auburn Cem. Bkfst.

24D. LOCATION (City, town, or county)

MD

DATE RECEIVED BY LOCAL REGISTRAR

JUN 27 1951

REGISTRAR'S SIGNATURE

William S. Scott

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322

VS 151

N-805.2

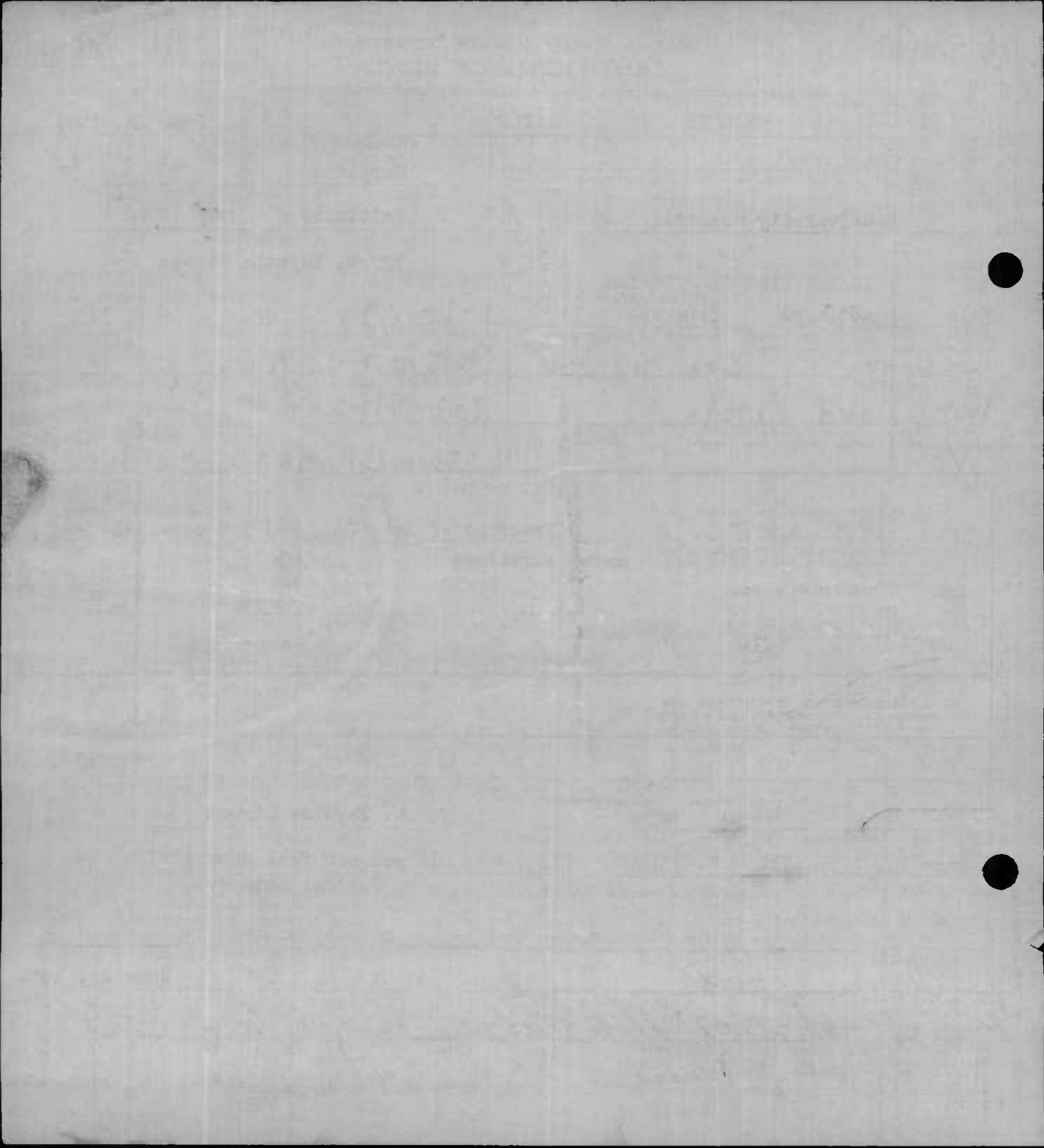
97024

186a

sk

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



452
51 5684BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5684

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah Elizabeth Holmes

2. DATE
OF
DEATH

6-25-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

861 Vine St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

18-01

D. STREET ADDRESS (If rural, give location)

861 VINE ST

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec. 25, 1889

9. AGE (In years last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pocomoke City Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Edward Merrill

14. MOTHER'S MAIDEN NAME

Cecelia

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Alice Moody 861 Vine St.

18. 561.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Intestinal obstruction 48 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Regurgitated ingested ?
hemorrhage

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1951, to June 25, 1951, that I last saw the deceased alive on June 25, 1951 and that death occurred at 9 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

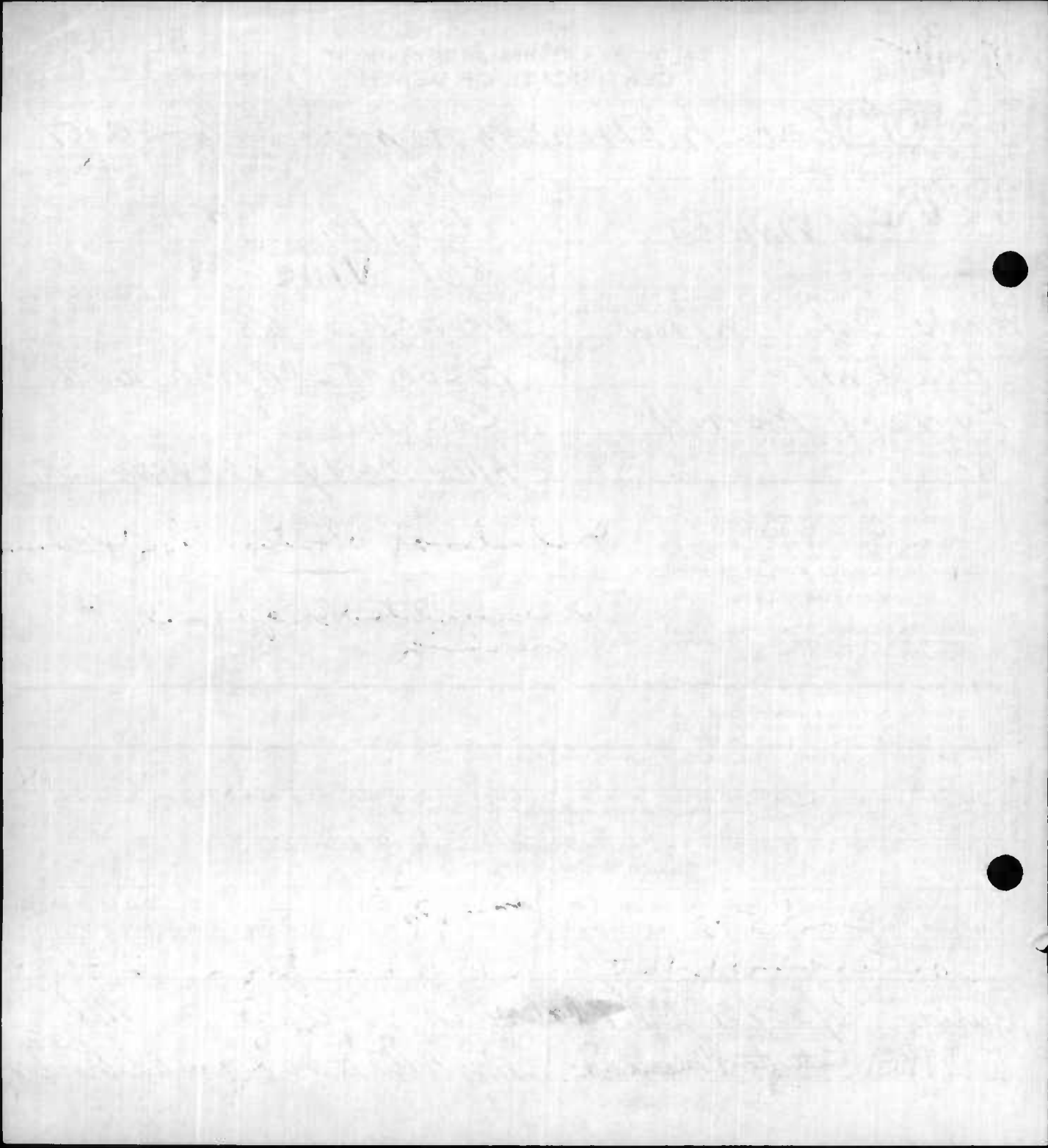
25. FUNERAL DIRECTOR

ADDRESS

JUN 27 1951

Wilmington Williams

Mrs. R. Williams 822



622
51 5685BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5685
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PEARL GORSUCH

2. DATE
OF
DEATH

6-25-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

2. H.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MO

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

RURAL

5300

D. STREET ADDRESS (If rural, give location)

8402 Liberty Rd.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR
INDUSTRY

own home

13. FATHER'S NAME

David Ebaugh

8. DATE OF BIRTH

Nov 24 - 1879

9. AGE (In years
last birthday)

71

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

David Ebaugh - 8402 Liberty Road.

18.

583X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Hepatitis, unknown
etiology

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cholemic nephrosis

DUE TO

(A)

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 6-15, 1951, to 6-25, 1951, that I last saw the
deceased alive on 6-25, 1951, and that death occurred at 6:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Virginia Kuffer

M. O.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

6-26-51

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

June 26/51

24C. NAME OF CEMETERY OR CREMATORY

Grace Methodist Burying Ground

24D. LOCATION (City, town, or county)

md

(State)

JUN 27 1951

T. W. Williams, Jr.

Edw. E. Tipton

Hampstead

1. The first part of the paper discusses the importance of the medical profession in the United States. It points out that the medical profession is one of the most important and most respected professions in the country. It is a profession that has a long and honorable history, and it is one that has made many contributions to the health and well-being of the American people.

2. The second part of the paper discusses the role of the medical profession in the United States. It points out that the medical profession is responsible for the health and well-being of the American people. It is a profession that has a long and honorable history, and it is one that has made many contributions to the health and well-being of the American people.

3. The third part of the paper discusses the future of the medical profession in the United States. It points out that the medical profession is facing many challenges in the future. It is a profession that has a long and honorable history, and it is one that has made many contributions to the health and well-being of the American people.

4. The fourth part of the paper discusses the importance of the medical profession in the United States. It points out that the medical profession is one of the most important and most respected professions in the country. It is a profession that has a long and honorable history, and it is one that has made many contributions to the health and well-being of the American people.

5. The fifth part of the paper discusses the role of the medical profession in the United States. It points out that the medical profession is responsible for the health and well-being of the American people. It is a profession that has a long and honorable history, and it is one that has made many contributions to the health and well-being of the American people.

6. The sixth part of the paper discusses the future of the medical profession in the United States. It points out that the medical profession is facing many challenges in the future. It is a profession that has a long and honorable history, and it is one that has made many contributions to the health and well-being of the American people.

7. The seventh part of the paper discusses the importance of the medical profession in the United States. It points out that the medical profession is one of the most important and most respected professions in the country. It is a profession that has a long and honorable history, and it is one that has made many contributions to the health and well-being of the American people.

8. The eighth part of the paper discusses the role of the medical profession in the United States. It points out that the medical profession is responsible for the health and well-being of the American people. It is a profession that has a long and honorable history, and it is one that has made many contributions to the health and well-being of the American people.

9. The ninth part of the paper discusses the future of the medical profession in the United States. It points out that the medical profession is facing many challenges in the future. It is a profession that has a long and honorable history, and it is one that has made many contributions to the health and well-being of the American people.

10. The tenth part of the paper discusses the importance of the medical profession in the United States. It points out that the medical profession is one of the most important and most respected professions in the country. It is a profession that has a long and honorable history, and it is one that has made many contributions to the health and well-being of the American people.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5686
Registered No.522
51 5686
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sophia F Niemczyk			2. DATE OF DEATH June 26 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence if life admission) A. STATE Maryland B. COUNTY 1-05		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2111 Gough Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2111 Gough Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 5 1911		9. AGE (In years last birthday) 40
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Leibold Bros.	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Andrew Bielanski			14. MOTHER'S MAIDEN NAME Marcella Dracz		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 213-09-5476	17. INFORMANT Frank Niemczyk 2111 Gough Street		

18. 415X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Insufficiency (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rheumatic C.V. Disease (chronic) (B) DUE TO (over)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **4/22**, 19**47** to **6/26**, 19**51**, that I last saw the deceased alive on **6/26**, 19**51**, and that death occurred at **240** PM., from the causes and on the date stated above.

23A. SIGNATURE Samuel L. [Signature]	23B. ADDRESS 1761 E. North Ave.	23C. DATE SIGNED 6/26/51
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 30 1951	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem	24D. LOCATION (City, town, or county) (State) Baltimore County
--	----------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1951	REGISTRAR'S SIGNATURE William [Signature]	25. FUNERAL DIRECTOR John W. Weber	ADDRESS 4018 Chester St
--	---	--	-----------------------------------

See Document File 51-5686

7/6/51

ES

born :
1261
B. March and

Office 6-8 PM

de.

2542

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5687
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert Wharton

2. DATE
OF
DEATH

June 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

219 N. Carrollton Ave. (23)

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

Oct. 7, 1916

9. AGE (In years
last birthday)

34

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PORTER

10B. KIND OF BUSINESS OR
INDUSTRY

APARTMENT HOUSE

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Mary ? (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Broncho Pneumonia

DUE TO

48 Hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Uremia

DUE TO

48 Hrs

(C) Cirrhosis of the Liver with Ascites

2 Mos.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6/14/51

19B. MAJOR FINDINGS OF OPERATION

Hepatic Splenic - Arterial Ligations

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/17, 1951, to 6/20, 1951, that I last saw the
deceased alive on 6/20, 1951, and that death occurred at 8:20 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

6/25/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6/27/51

Mt. Auburn Cem

Baltimore

DATE RECEIVED BY
LOCAL REGISTRY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

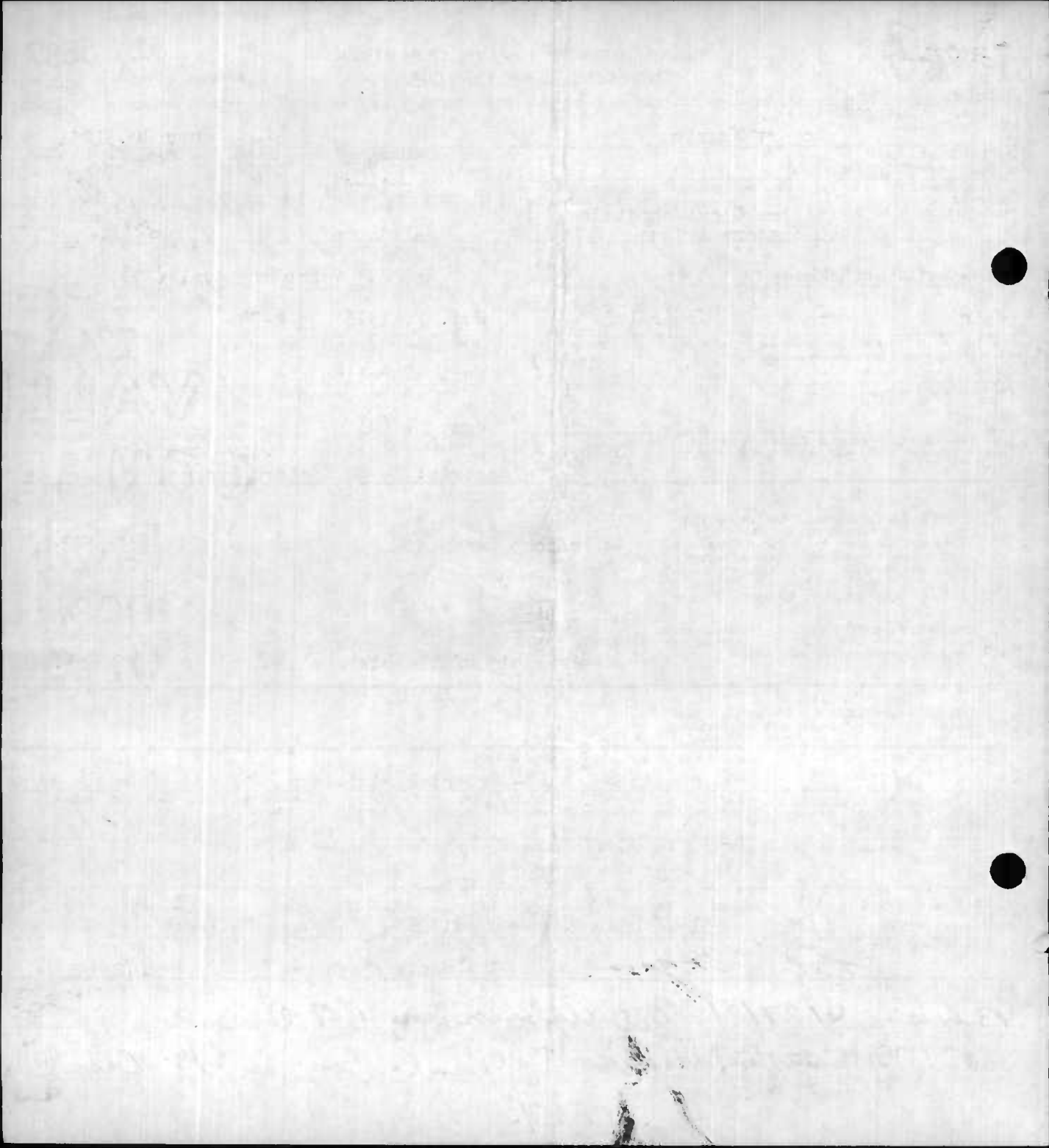
ADDRESS

JUN 27 1951

Huntington Williams, Jr.

Chas G. Cooper

513 Carrollton Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5688

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE COVER

2. DATE
OF
DEATH

6/24/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

750 W. Mulberry St.

Yrs.
Mos.
Days

Length of stay in Baltimore

20yrs

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9/10/1911

9. AGE (in years
last birthday)

39

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MUSICIAN

10B. KIND OF BUSINESS OR
INDUSTRY

ENTERTAINING

11. BIRTHPLACE (State or foreign country)

B.W.I.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

ROBERT COVER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

ETTA REED COVER(W) 750 MULBERRY ST

18.

151X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 7 Months

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5/51, 19 to 6/24/51, 19, that I last saw the
deceased alive on 6/25/51, 19 and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

6/27/51

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEMETERY

24D. LOCATION (City, town, or county)

BALTO. MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

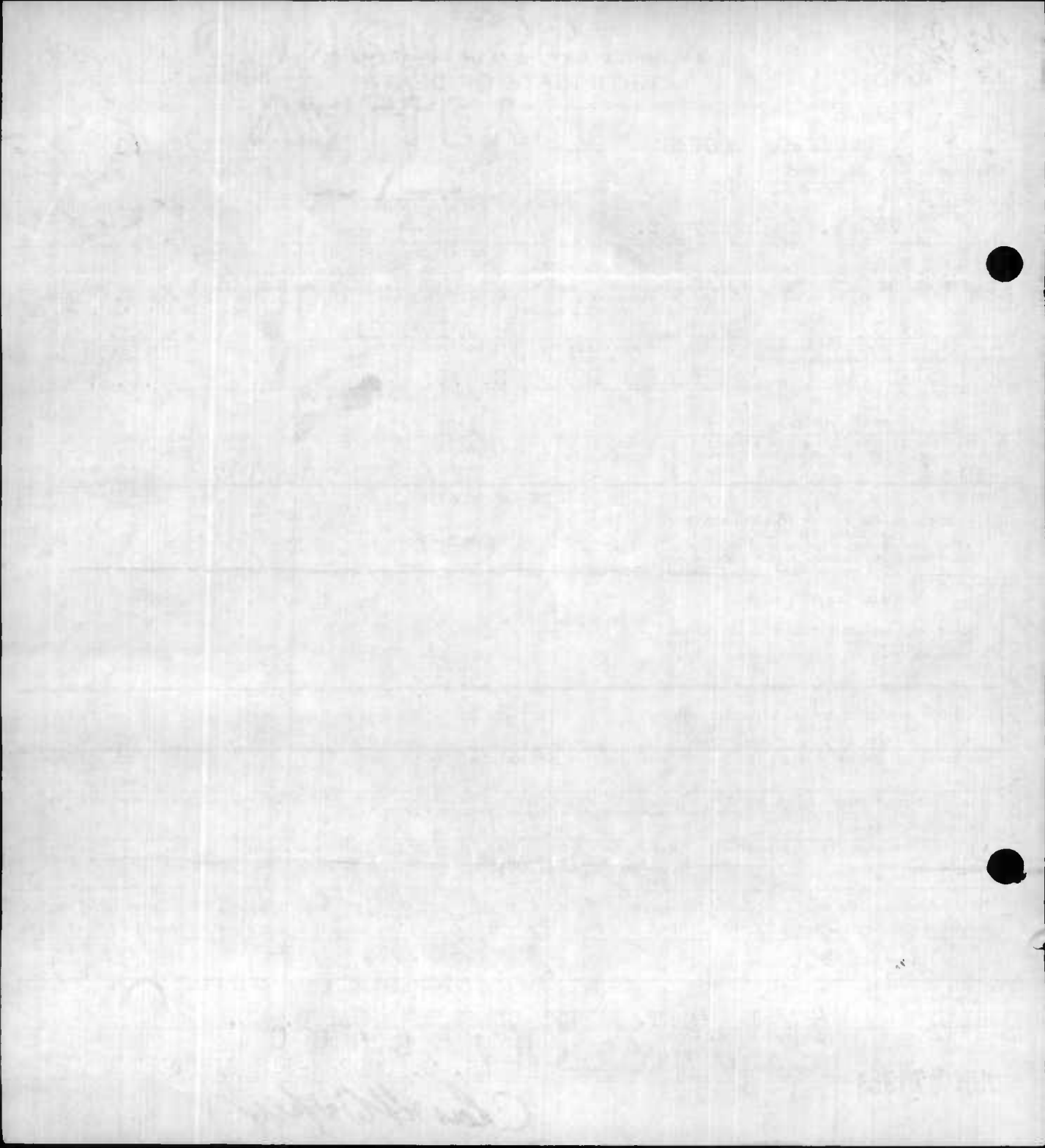
JUN 27 1951

CHAS. G. COOPER-512 CARROLLTON AV

05784 Chas G Cooper

46 B

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5689**

BIRTH NO.

1. NAME OF DECEASED:
(Type or Print) **Annie Johnson**

2. DATE OF DEATH **6/24/51**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission)
A. STATE **Md** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

ColdSpring Home

D. STREET ADDRESS (If rural, give location)
1418 W. Lanvale St

Length of stay in Baltimore **60yrs.**

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

9. AGE (In years last birthday) **92**

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY
Domestic

11. BIRTHPLACE (State or foreign country)
Centreville, Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

James Gibbs

14. MOTHER'S MAIDEN NAME

Annie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
None

17. INFORMANT ADDRESS
Bessie Trotman(F) 1418 W. Lanvale St

18. **491X I**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Broncho Pneumonia 4 days**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **4:30 P.** to **6:25 P.**, 19**51**, that I last saw the deceased alive on **6/23/51**, and that death occurred at **6:25 P.** m., from the causes and on the date stated above.

23A. SIGNATURE **R. R. Johnson** M. O.

23B. ADDRESS **403 Mead St** 23C. DATE SIGNED **6/25/51**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6/27/51

U.S. Nat'l. Cem

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 27 1951

Wm. H. Williams, Jr.

Chas. G. Cooper-512 Carrollton Ave

VS 150

Institution Case -

107

MEDICAL CERTIFICATION

NOV 10 1890

My dear Mr. [illegible]

I have just received your letter of the 9th

and am glad to hear from you

I am well and hope these few lines

will find you the same

I am, dear Mr. [illegible]

Very truly yours,

[illegible signature]

[illegible address]

[illegible address]

[illegible address]

[illegible address]

[illegible address]

[illegible address]

[illegible address]

[illegible address]

[illegible address]

[illegible address]

[illegible address]

[illegible address]

[illegible address]

[illegible address]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 5690

452
BIRTH NO. 5690

1. NAME OF DECEASED (Type or Print) <u>Anna V. Collins</u>			2. DATE OF DEATH <u>June 26, 1957</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>1200 Valley St.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>11-03</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sisters of the Poor</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
D. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>868 Park Ave</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>April 13, 1881</u>	9. AGE (In years, last birthday) <u>70</u>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Saleslady</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Thomas C. Collins</u>		14. MOTHER'S MAIDEN NAME <u>Elmira Gibbs</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or not known)		16. SOCIAL SECURITY NO. <u>110-01-0320</u>		17. INFORMANT ADDRESS <u>Little Sisters of the Poor 1200 Valley St</u>	

<p>18. <u>420.1</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>CAUSE OF DEATH</p> <p>(A) <u>Coronary Thrombosis</u></p> <p>DUE TO</p> <p>(B) <u>Arterio Sclerosis</u></p> <p>DUE TO</p> <p>(C) _____</p>		<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p><u>2 days</u></p> <p><u>5 yrs</u></p>

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
<p>22. I hereby certify that I attended the deceased from <u>June 25</u>, 1957, to <u>June 26</u>, 1957, that I last saw the deceased alive on <u>June 26</u>, 1957, and that death occurred at <u>1:45 A</u> m., from the causes and on the date stated above.</p>					
23A. SIGNATURE <u>E. Gell Hall MD</u>		23B. ADDRESS <u>1631 E North Ave</u>		23C. DATE SIGNED <u>June 26 1957</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Bureau</u>		24B. DATE <u>6-28-51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>	
24D. LOCATION (City, town, county) (State) <u>Old Frederick Md. Balt Co</u>		25. FUNERAL DIRECTOR <u>John B. Miller</u>		ADDRESS <u>2435 E. Oliver St</u>	

DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1957 REGISTRAR'S SIGNATURE Thos. J. Williams **4906C** **94a**

MEDICAL CERTIFICATION

CONTACT NO. 15 IS PREVIOUSLY IMPRINTED

DECLARATION OF DEATH

1971

1971

1971

1971

1971

1971

1971

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

7-3-51

51 5691

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GROVER C. PAYNE		2. DATE OF DEATH June 26, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore	
Length of stay in Baltimore 10 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 426 East Pratt Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 11, 1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		9. AGE (In years last birthday) 65 00 Months: Days	
10B. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel		11. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME Wm. Payne		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Mary Steele		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 578-12-5733		17. INFORMANT ADDRESS Ralph Payne, 624 Bellview Blvd., Alexandria, Va.	

18. **E904.9 and 581.1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH **Alexandria, Va.**

INTERVAL BETWEEN ONSET AND DEATH

(A) **Fracture of skull**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Subdural hematoma - bilateral**

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cirrhosis of liver

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Unknown	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Unknown
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Unknown m.	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> ? NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR? Apparently fell while intoxicated

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Duncanson</i> M.D.	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>
23C. DATE SIGNED 6-26-51	

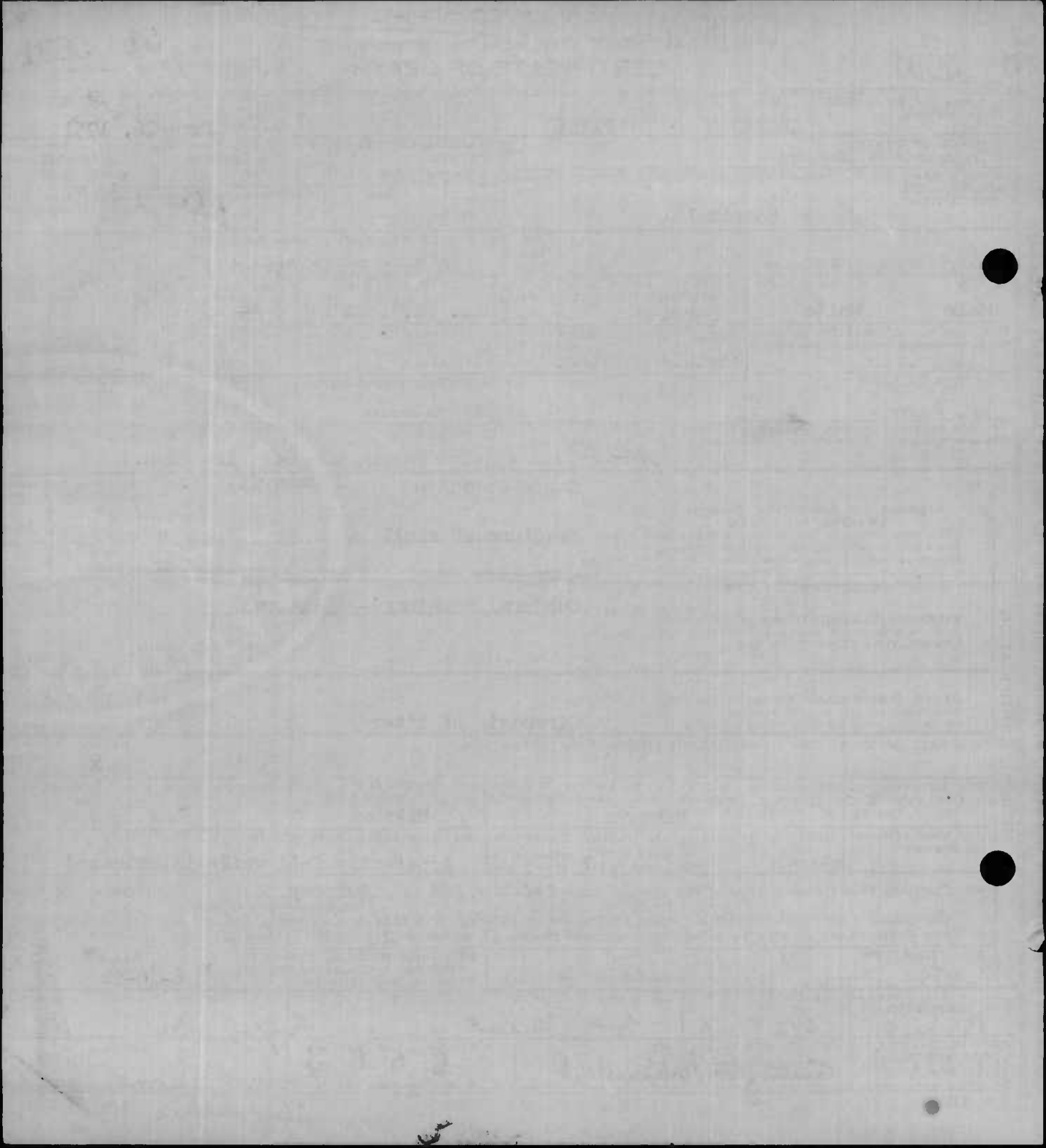
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/29/51	24C. NAME OF CEMETERY OR CREMATORY Mt Comfort	24D. LOCATION (City, town, or county) (State) Fairfax Co Va
DATE RECEIVED BY LOCAL HEALTH DEPT JUN 27 1951	REGISTRAR'S SIGNATURE <i>Thurston Whitman</i>	25. FUNERAL DIRECTOR Demaris Funeral Home Alexandria Va.	

V S 151

2-803.0

186a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 5692**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM SCOTT

2. DATE OF DEATH **June 23, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

646 Dover St.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1875

9. AGE (In years last birthday)

76

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Operator Truck

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

213-187-2010

17. INFORMANT

ADDRESS

Laurine Wiggins 612 S Pa

18. **4221**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **disease**

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inq.** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley B. Deulacher

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **June 24, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

6/27/51 Mt Zion

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

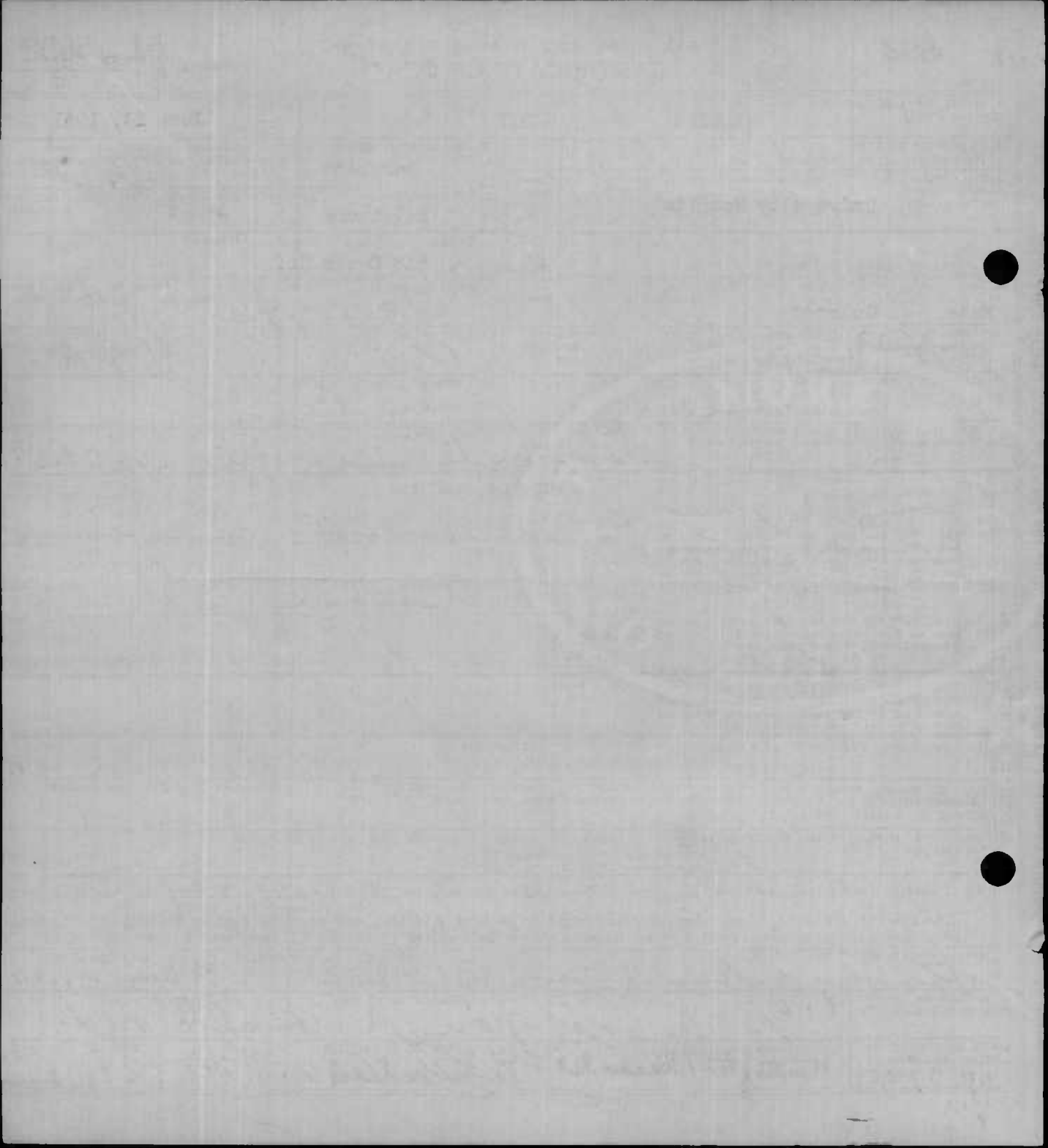
JUN 27 1951

Huntington Williams, M.D.

Charles A. Rice 661 W. Baltimore St.

V S 151

931



530
51 5693

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5693
Registered No.

BIRTH NO. 50-19423

1. NAME OF DECEASED (Type or Print) Baby Joyce Smith			2. DATE OF DEATH June 26/51		
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital Caton & Wilkens Ave.			c. CITY OR TOWN (If outside corporate limit, write RURAL and give township) Baltimore		
Length of stay in Baltimore 9 Yrs. Mos. Days			o. STREET ADDRESS (If rural, give location) 387 Maryland Rd. #29		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9/9/50		9. AGE (In years last birthday) 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Smith			14. MOTHER'S MAIDEN NAME Freda Myers		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS William Smith, Baltimore, Md		

18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) For trilocular DUE TO INTERVAL BETWEEN ONSET AND DEATH 9 months	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/21, 1951, to 6/26, 1951, that I last saw the deceased alive on 6/26, 1951, and that death occurred at 12:45 PM, from the causes and on the date stated above.					
23a. SIGNATURE John C. Healey M.D.		23b. ADDRESS St Agnes Hosp		23c. DATE SIGNED 6/24/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6/29/51		24c. NAME OF CEMETERY OR CREMATORY NEW MATAMORAS	
DATE RECEIVED BY LOCAL REGISTRAR JUN 27 1951		REGISTRAR'S SIGNATURE Huntington Williams, Md		25. FUNERAL DIRECTOR J. O. Nig, who has, Emmett City	

157 E. Md



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANNA BOWEN

2. DATE
OF
DEATH

6/25/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3804 EDNOR RD

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN (If outside corporate limits, write FULLAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3804 EDNOR RD

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

7/20/29

9. AGE (in years
last birthday)

21

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

FREDERICK KIESLING

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

JULIA GRAFF

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

BERTHA BOWEN 3804 EDNOR RD

18. 181X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Bladder

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Hypertensive Cardiovascular disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from June 15, 1936 to June 25, 1951, that I last saw the
deceased alive on 6/23, 1951, and that death occurred at 9:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

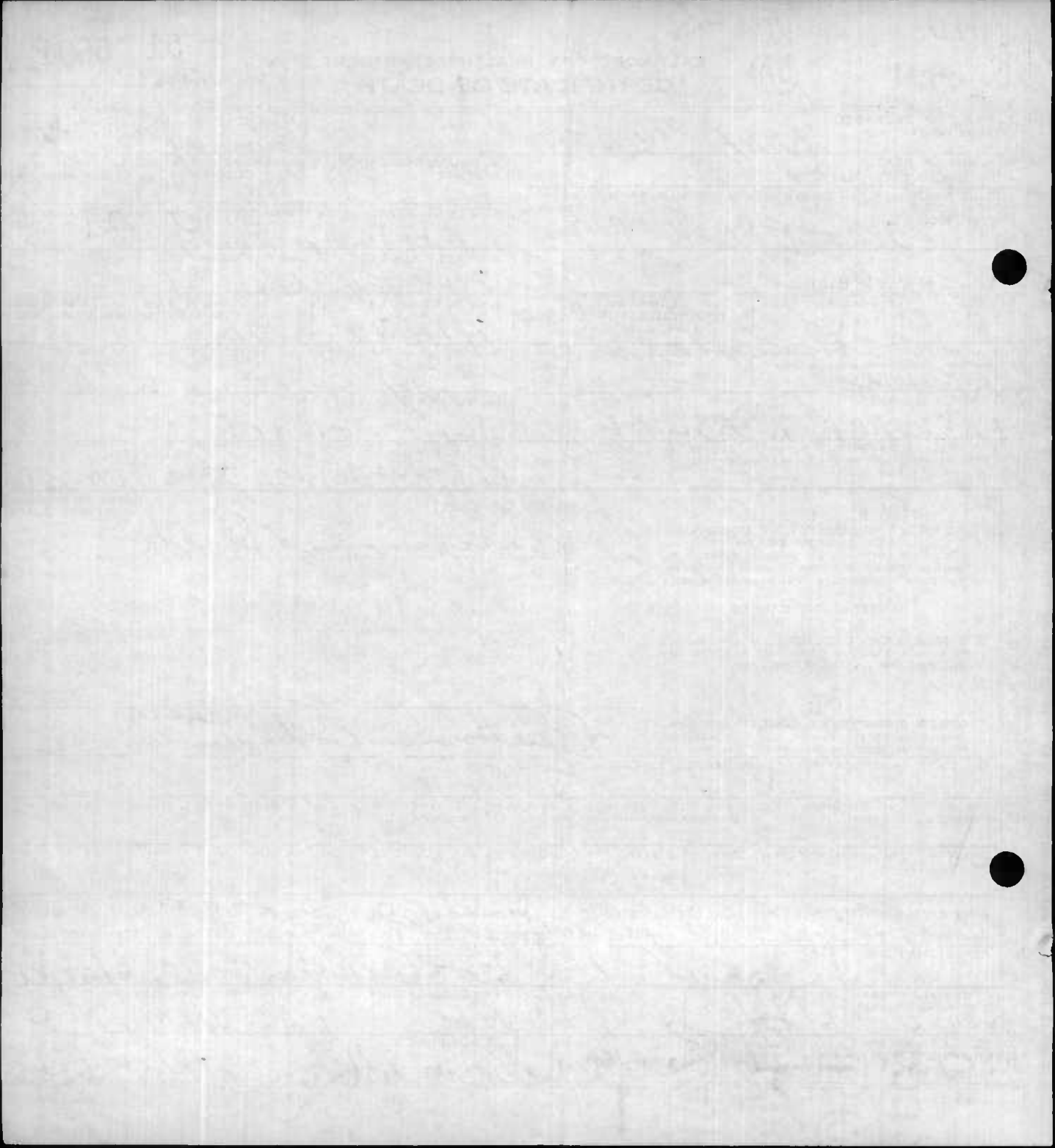
25. FUNERAL DIRECTOR

ADDRESS

JUN 27 1951

Registrator's Signature

Funeral Director's Signature



400
51 5695BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5695

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alberta Lyle

2. DATE OF DEATH June 25, 1951

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

1381 N. Gilmore St

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Md

B. COUNTY BALTO

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

1381 N. Gilmore St

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S

8. DATE OF BIRTH Jan 2, 1897

9. AGE (In years last birthday) 54

10. Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS, OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

Dan Lyle

14. MOTHER'S MAIDEN NAME

Annie Queen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Hilda Mitchell 1381 N. Gilmore St

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

atrophy both legs @ about 20 yrs

19A. DATE OF OPERATION 6.21.51

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4.10.1938 to 6.25.1951, that I last saw the deceased alive on 6.21.1951, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

James M. Bair

M. D.

400 N. Carrollton Ave

6.26.51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 27 1951

Huntington Williams, M.D.

L. B. Nelson

VS 150

7208A

1303 Prestman St 93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5696

BIRTH NO.

1. NAME OF DECEASED **Waldron**
(Type or Print) **JOHN WHITE**2. DATE
OF
DEATH **6-26-51**3. PLACE OF DEATH:
A. **Baltimore City, Maryland**4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE **MD** B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)
LUTHERAN HOSP OF MDC. CITY OR TOWN (If outside corporate limits, give RURAL and give
township)
BALTOD. STREET ADDRESS (If rural, give location)
4836 Ph Hghts Ave

Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX
M6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
D Divorced8. DATE OF BIRTH
Aug. 11, 18999. AGE (In years
last birthday)
5110 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Painter10B. KIND OF BUSINESS OR
INDUSTRY
U. S. Government.11. BIRTHPLACE (State or foreign country)
Appomattox, Va.12. CITIZEN OF
WHAT COUNTRY?
U.S.A.13. FATHER'S NAME
unknown14. MOTHER'S MAIDEN NAME
unknown15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
yes WW1 4/17-8/13/1916. SOCIAL
SECURITY NO.
none17. INFORMANT
ADDRESS
Mrs. Fannie A. Bucher, 4836 Park Heights Ave.18. **4201**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)
Myocardial Infarction(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.
AcVD(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.
Lower nephron nephrosis

(C)

19A. DATE OF OPERATION
0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M. WHILE AT ☐ WORK
NOT WHILE ☐ AT WORK22. I hereby certify that I attended the deceased from **6-25, 1951**, to **6-26, 1951**, that I last saw the
deceased alive on **6-25, 1951**, and that death occurred at **7:23 A** m., from the causes and on the date stated above.23A. SIGNATURE
Stavros R. Steinbach23B. ADDRESS
Lutheran Hosp of Md23C. DATE SIGNED
6-26-5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial24B. DATE
June 28, 195124C. NAME OF CEMETERY OR CREMATORY
Baltimore National Cem.24D. LOCATION (City, town, or county) (State)
Baltimore, Md.DATE RECEIVED BY
LOCAL REGISTRARREGISTRAR'S SIGNATURE
Walterton Williams, M.D.

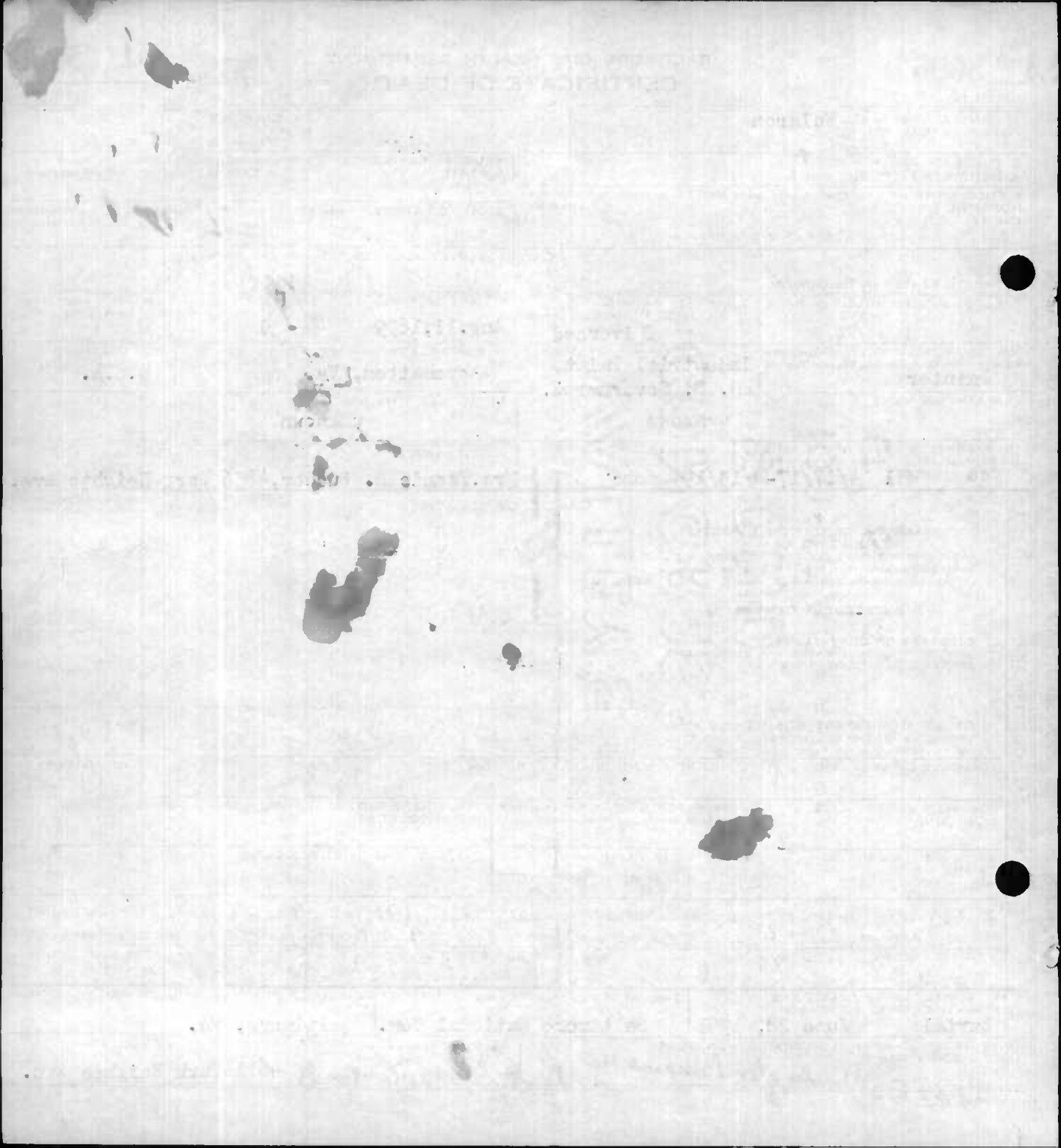
25. FUNERAL DIRECTOR

ADDRESS
4611 Park Heights Ave.

JUN 27 1951

56491

93D



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

650 51 5697

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5697
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) RICHARD W. BROWN		2. DATE OF DEATH June 27, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03	
Length of stay in Baltimore 12 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 411 E. 27th Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH July 20
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 2nd Truck Driver		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Edwin P. Brown		14. MOTHER'S MAIDEN NAME Lucy Webb	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 230-01-6291	
		17. INFORMANT Viola Eskridge	
		ADDRESS 705 Chapel Gate Lane	

18. 443Y I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

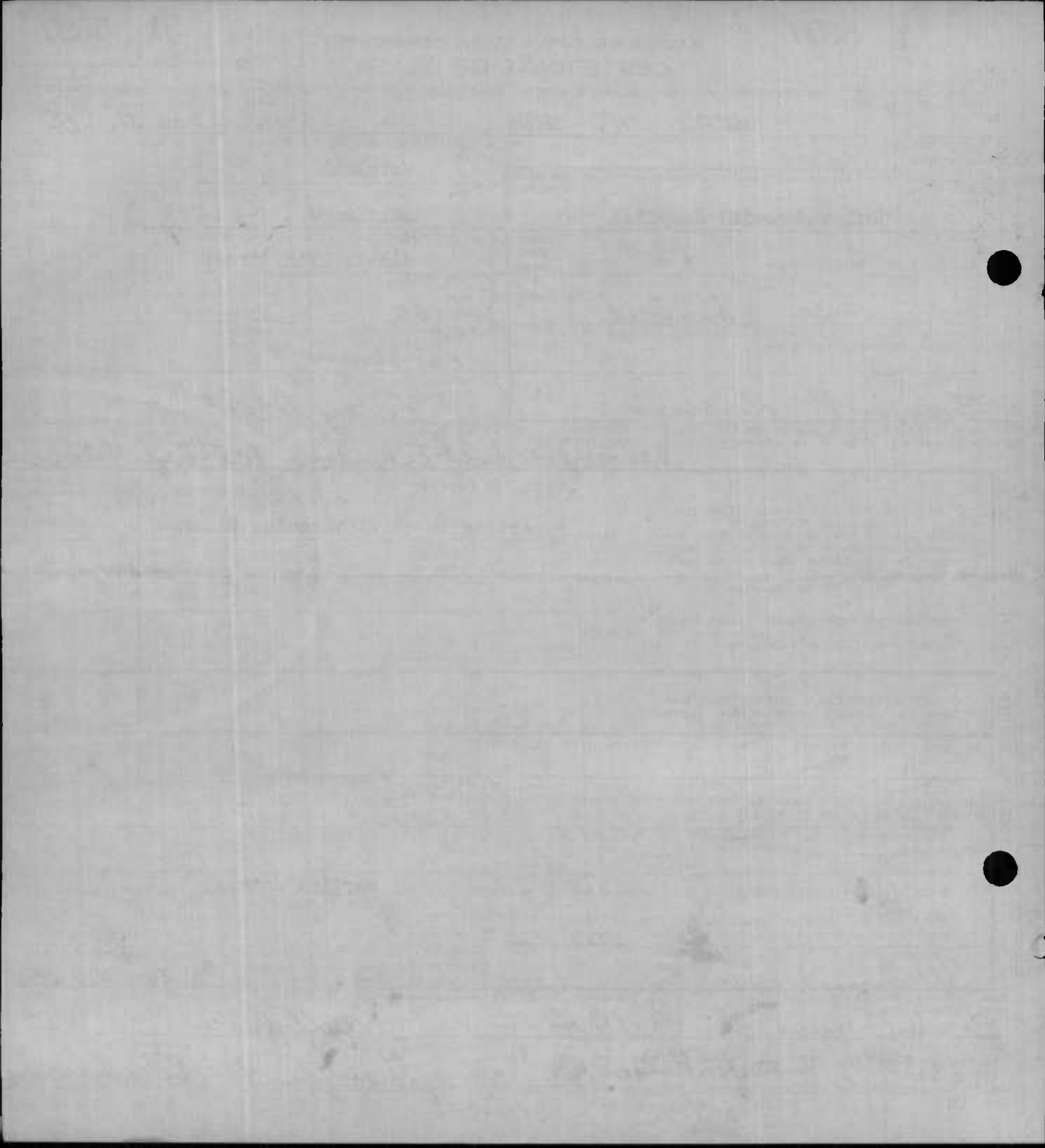
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Scott	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED June 27, 1951
---	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE June 29/51	24C. NAME OF CEMETERY OR CREMATORY Belle Haven	24D. LOCATION (City, town, or county) (State) Baltimore Va
---	--------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1951	REGISTRAR'S SIGNATURE Wilmington Williams, Md	25. FUNERAL DIRECTOR Harry S. Witzke	ADDRESS 4101 Edmondson Rd
--	---	--	-------------------------------------



51 5698

51 5698

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lazernick, ABRAHAM

2. DATE
OF
DEATH

6/27/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5430 LynView Ave.

Length of stay in Baltimore

35 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/12/1884

9. AGE (In years
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Proprietor

10B. KIND OF BUSINESS OR
INDUSTRY

Shoe Maker

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Wolf Lazernick

14. MOTHER'S MAIDEN NAME

Mollie ???

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William Lazernick- 5430 Lynview Avenue

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Uremia Myocard infarct.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Heart
disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Broncho pneumonia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 6.10 AM, 1957, to 6.27, 1957, that I last saw the
deceased alive on 6.27, 1957, and that death occurred at 9:45 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/28/51

24C. NAME OF CEMETERY OR CREMATORY

Anshei Munah Cong.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 28 1951

Thurston Williams M.D.

Sol. Levinson & Bros - 1124-26 W.

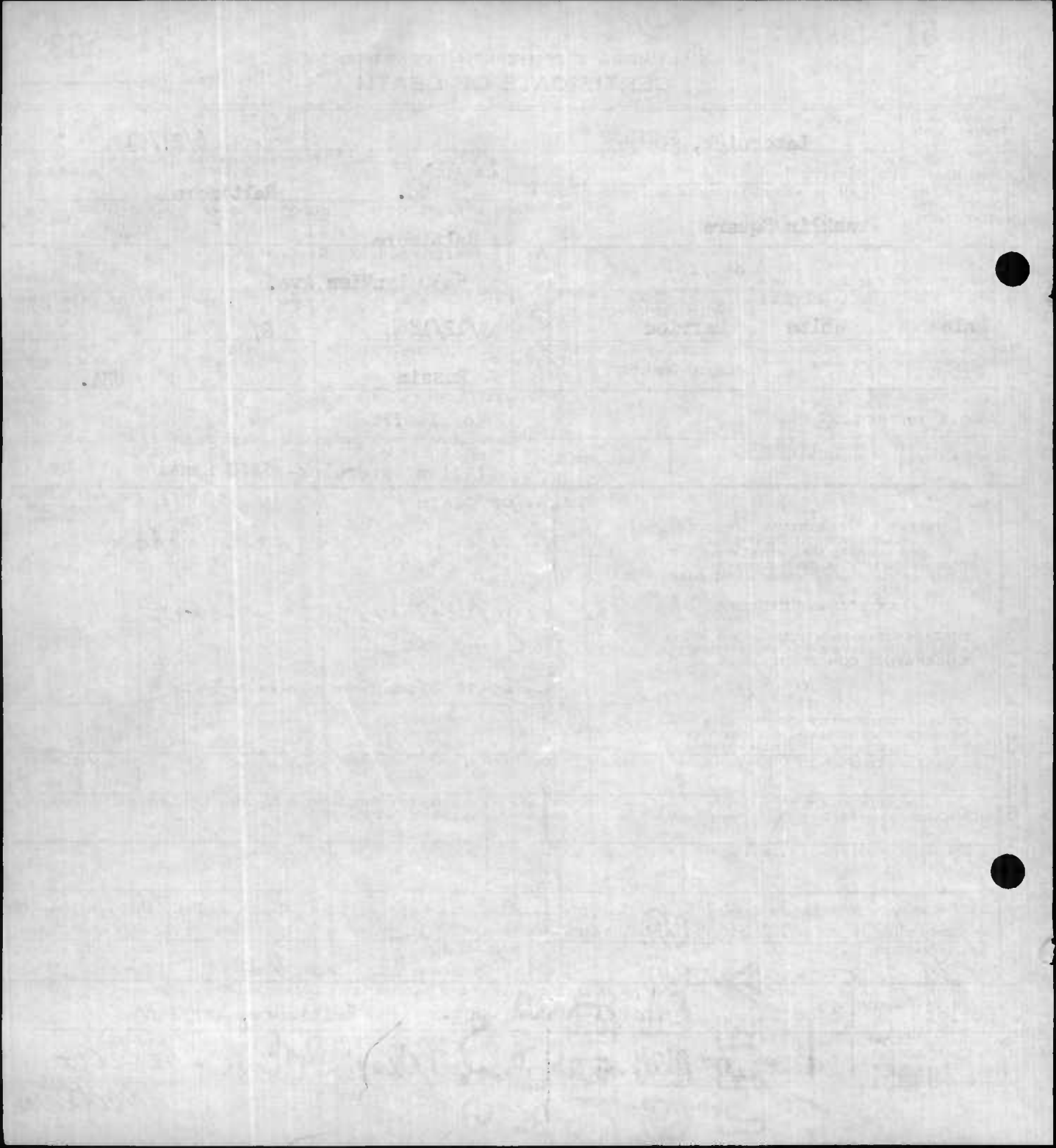
VS 150

5828E

93D North Ave

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



600 51 5699

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5699
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES FRANK MEYER

2. DATE OF DEATH
June 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE US Marine Hospital
Wyman Pk. Drive & 31st St.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

8-03
D. STREET ADDRESS (If rural, give location)
2429 E. Oliver Street

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/11/25

9. AGE (In years last birthday)

26

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

draftsman

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

E. Walter John Meyer

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

USA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes

16. SOCIAL SECURITY NO. (If yes, give war or dates of service)

WW 2

17. INFORMANT ADDRESS

Records- US Marine Hospital, Balto, Md.

18. 200.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Meningitis, pneumococcus
secondary to abscess right
petrous portion temporal bone
(B) Lymphosarcoma, generalised
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 1951 to June 27, 1951 that I last saw the deceased alive on June 27, 1951 and that death occurred at 3:25 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

US Marine Hospital, Balto, Md. 6/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

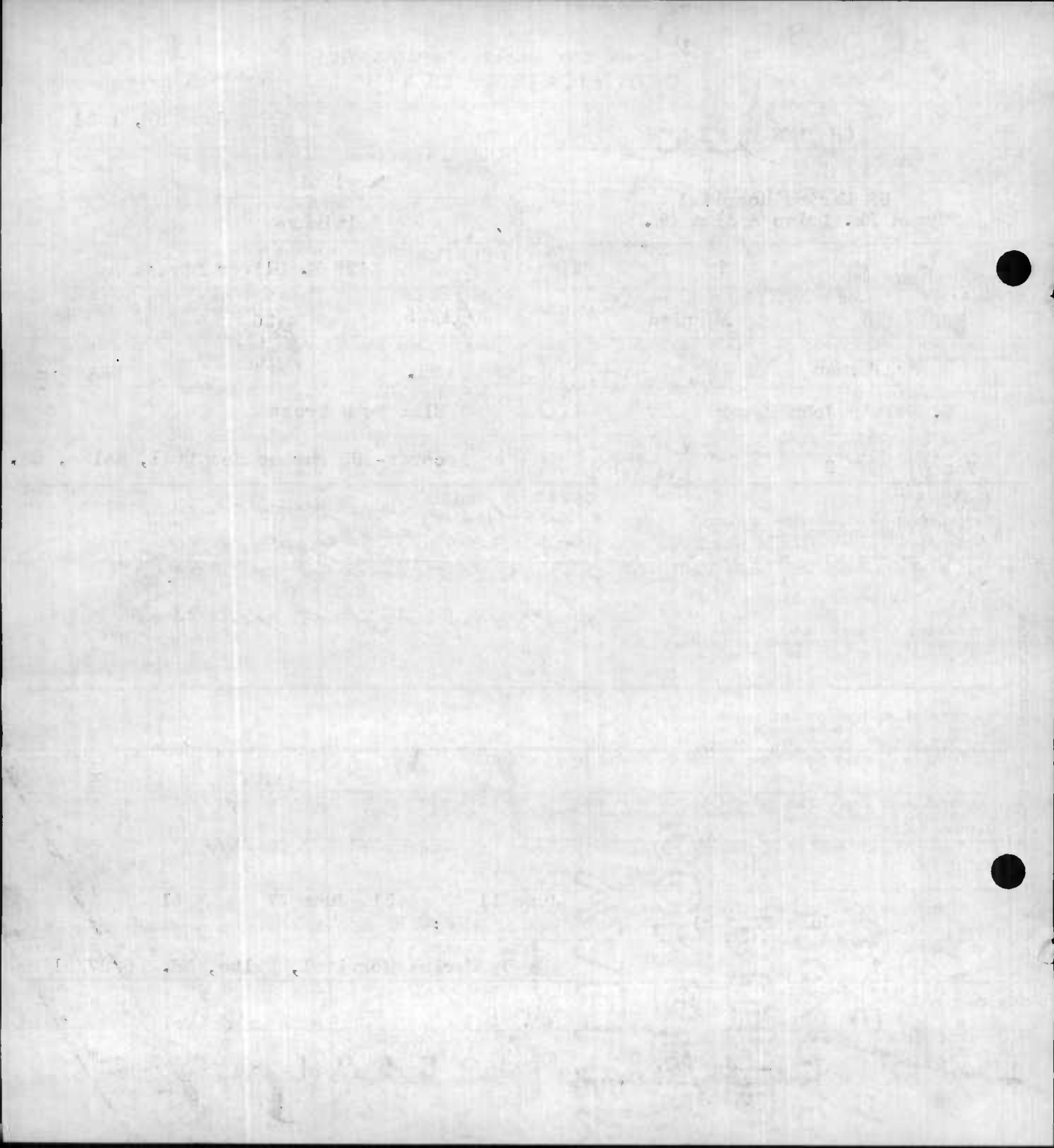
25. FUNERAL DIRECTOR

ADDRESS

JUN 28 1951

T. W. Williams

John C. Kelly 2425 E. Oliver St



(2) 51 5700
-245-
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5700
Registered No.

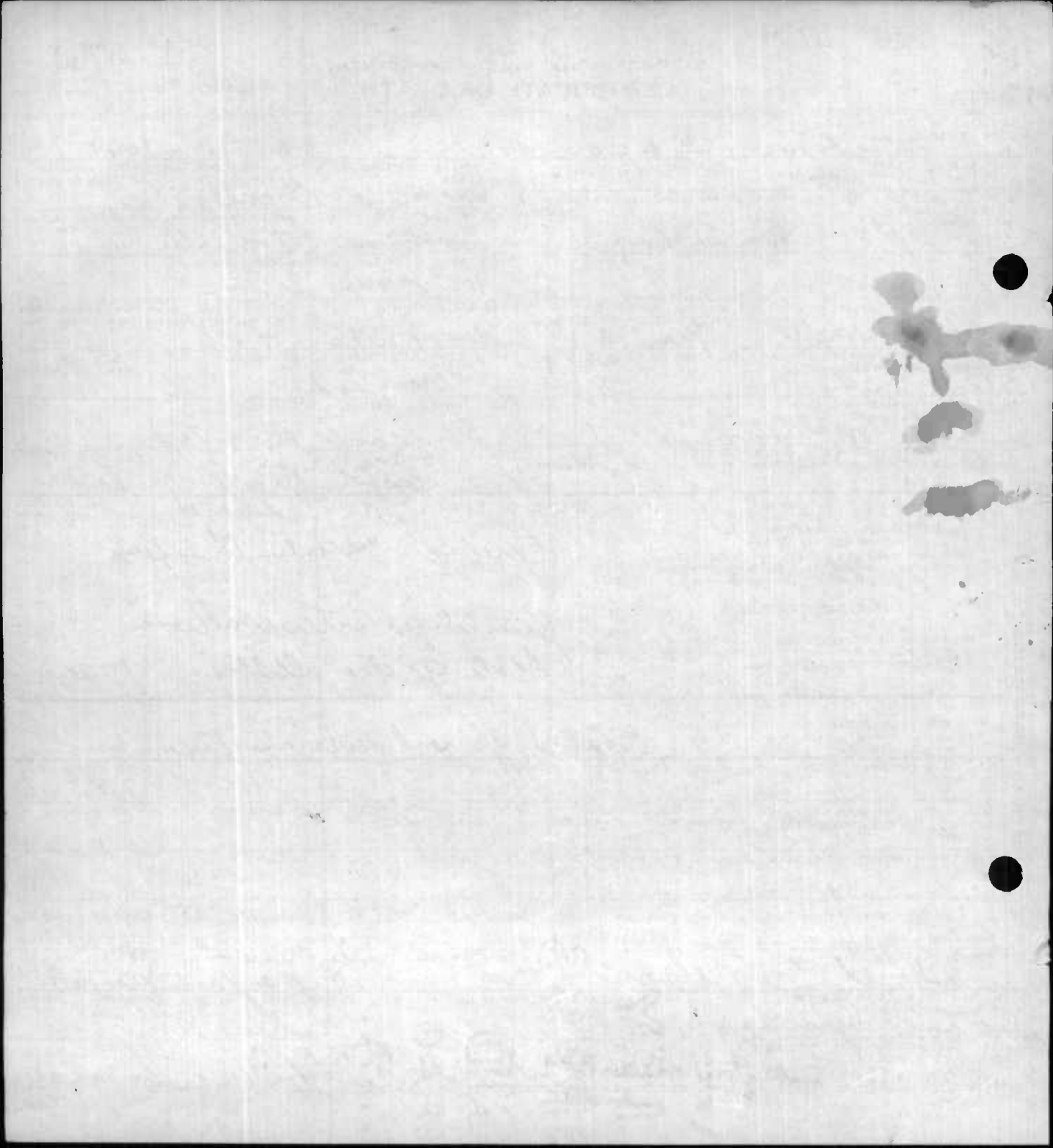
1. NAME OF DECEASED (Type or Print) <i>Mr. Frank McLean</i>		2. DATE OF DEATH <i>June 26, 1951</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Catonsville</i>	
Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>115 Oakdale Avenue 5300</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 14, 1875</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cabinet maker</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>75</i>
13. FATHER'S NAME <i>John McLean</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Suzanna Armstrong</i>	
17. INFORMANT <i>William E. McLean</i>		ADDRESS <i>115 Oakdale Ave. Balt.</i>	

18. <i>337Xant 002X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH <i>115 Oakdale A. Cat.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>
	(A) <i>Cerebral vascular thrombosis</i>	DUE TO	
	(B) <i>Generalized arteriosclerosis</i>	DUE TO	
ANTECEDENT CAUSES	(C) <i>Acute gastroenteritis</i>	DUE TO	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Bilateral fibroid pulmonary tuberculosis</i>		
19A. DATE OF OPERATION <i>7</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <i>June 19, 1951</i> , to <i>June 26, 1951</i> , that I last saw the deceased alive on <i>June 26, 1951</i> , and that death occurred at <i>9 P. m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Alfred S. Nelson</i>		23B. ADDRESS <i>Baltimore</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 29, 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Howard Ridge</i>		24D. LOCATION (City, town, or county) (State) <i>Pikesville, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 28 1951</i>		REGISTRAR'S SIGNATURE <i>William E. McLean</i>	
VS 150		25. FUNERAL DIRECTOR <i>Harry H. Rutz</i> ADDRESS <i>24101 Edmondson</i>	

13B Ave



51 5701 BLANCA E. de ARAMBURU

51 5701

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Blanca E. de Aramburu

2. DATE
OF
DEATH

June, 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution, residence
before admission)

A. STATE Peru

B. COUNTY

C. CITY OF TOWN

(If outside corporate limits, write RURAL and give township)

Lima

D. STREET ADDRESS (If rural, give location)

7-05

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

E. Lejalde

14. MOTHER'S MAIDEN NAME

Chopitea

15. WAS DECEASED EVER IN U. S. ARMY FORCES?
(Yes, no or unknown) (If yes, give war or date of service)16. SOCIAL
SECURITY NO.17. INFORMANT JAMES HOPKINS HOSPITAL ADDRESS
Baltimore, Md.

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinomatosis

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

adenocarcinoma of ovary

? 14 mos

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

pyonephrosis right due to ureteral obstruction

? 3 mos

19A. DATE OF OPERATION

6/11/51 & 6/18/51

19B. MAJOR FINDINGS OF OPERATION

pyonephrosis, carcinoma ovary rt & pelvis & liver metastases

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 6/8, 1951, to 6/27, 1951, that I last saw the
deceased alive on June 27, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Lorraine B. Hinton

M. D.

23B. ADDRESS

JAMES HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

July 2, 1951

Lima, Peru

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 28 1951

Lorraine B. Hinton

H. B. Hinton and Son - 857 Calvert

OFFICE OF THE
SHERIFF OF DEANE

Warrant

For

Arrest

of

the

body

of

the

same

as

the

same

as

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same

as

the

same

A-620 51 5702

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5702

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MISS RAYE MARKS

2. DATE
OF
DEATH

6-27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hosp.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-13

D. STREET ADDRESS (If rural, give location)

Sinai Aged Home

Length of stay in Baltimore

16 Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

69

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harris

14. MOTHER'S MAIDEN NAME

Esther

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Jesse Askin - 1626 Gwyn Falls Rd

18.

260x I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A)

Atherosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

(B)

Diabetes Mellitus

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-1, 1951, to 6-27, 1951, that I last saw the deceased alive on 6-27, 1951, and that death occurred at 12 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Henry C. Stofman M.D.

23B. ADDRESS

Sinai Hosp - Balt.

23C. DATE SIGNED

6-27-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

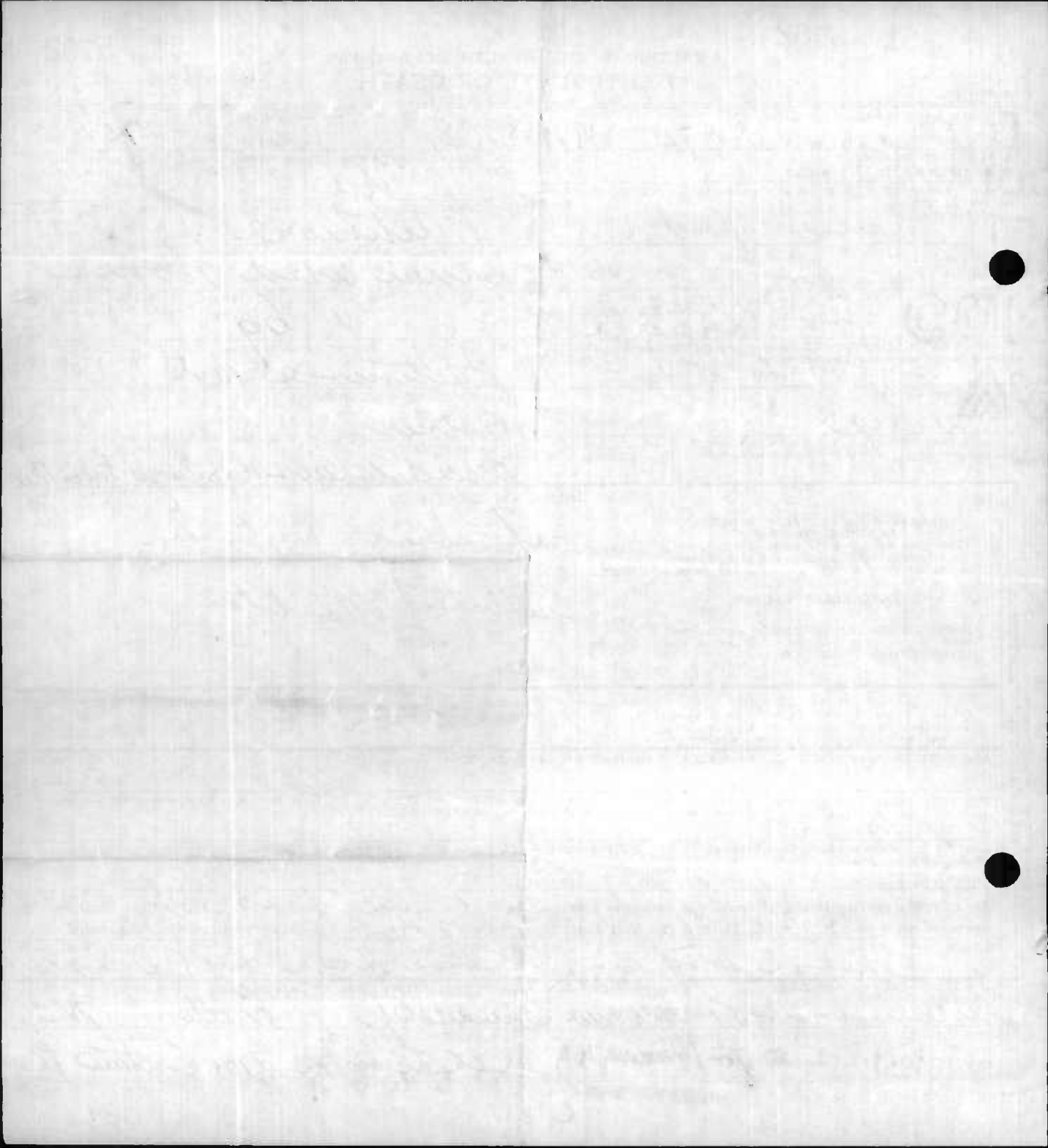
ADDRESS

JUN 28 1951

Livingston Williams, M.D.

Jack Lewis

7100 Cutaw Rd



51 5703

51 5703

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Philip Ringer

2. DATE
OF
DEATH

June 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address and location)

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

4 weeks

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. UNDERLYING DISEASE

ADDRESS

18. 193X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Respiratory Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

BRAIN TUMOR

DUE TO

(C)

Probably glioblastoma

over

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5-24-1951 to 6-27-1951 that I last saw the
deceased alive on 6-27-1951, and that death occurred at 5:55 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

See Document File 51-5703

7/16.51

ES

400

51 5704

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5704

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Minnie Holley			2. DATE OF DEATH 6-24-1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. LENGTH OF STAY IN BALTIMORE 11-0-3			D. STREET ADDRESS (If rural, give location) 207 W. Biddle St.		
5. SEX F	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 4-4-1909	9. AGE (In years last birthday) 41	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundress		10B. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (State or foreign country) Norfolk, Va.	
13. FATHER'S NAME Norman Holley			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Clara O. Johnson			ADDRESS 207 W. Biddle St.		

18. **082X** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Acute meningo-encephalitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6-18-**, 19**51**, to **6-24-**, 19**51** that I last saw the deceased alive on **6-24-**, 19**51** and that death occurred at **9:05A.m.**, from the causes and on the date stated above.

23A. SIGNATURE G. H. Buford	23B. ADDRESS Provident Hospital	23C. DATE SIGNED 6-26-51
---------------------------------------	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-27-51	24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Pk.	24D. LOCATION (City, town, or county) (State) Arbutus, Md.
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1951	REGISTRAR'S SIGNATURE W. H. Williams	25. FUNERAL DIRECTOR Charles P. Lay	ADDRESS -802 Madison Ave.
--	--	---	-------------------------------------

VS 150

643 88

372

MEDICAL CERTIFICATION

CONFIDENTIAL - SECURITY MATTER

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

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100-100000

P-400 51 5705

51 5705

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Powell = Harry E.

2. DATE
OF
DEATH

6/27/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

22 Gorman Ave.

20-02

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr. 18, 1884

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

foreman

10B. KIND OF BUSINESS OR
INDUSTRY

Painting

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Powell

14. MOTHER'S MAIDEN NAME

Martha Duvall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
215-05-3255

17. INFORMANT

ADDRESS

Mrs. H. E. Powell - 22 Gorman Ave.

18. 443 X apd 026 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebro-Vascular Accident

1 Day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardio-Vasc. Dis.

10 years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Central Nervous System Symp. Dis.

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/26/51, 19 to 6/27/51, 19, that I last saw the
deceased alive on 6/27/51, 19, and that death occurred at 3:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/30/51

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 28 1951

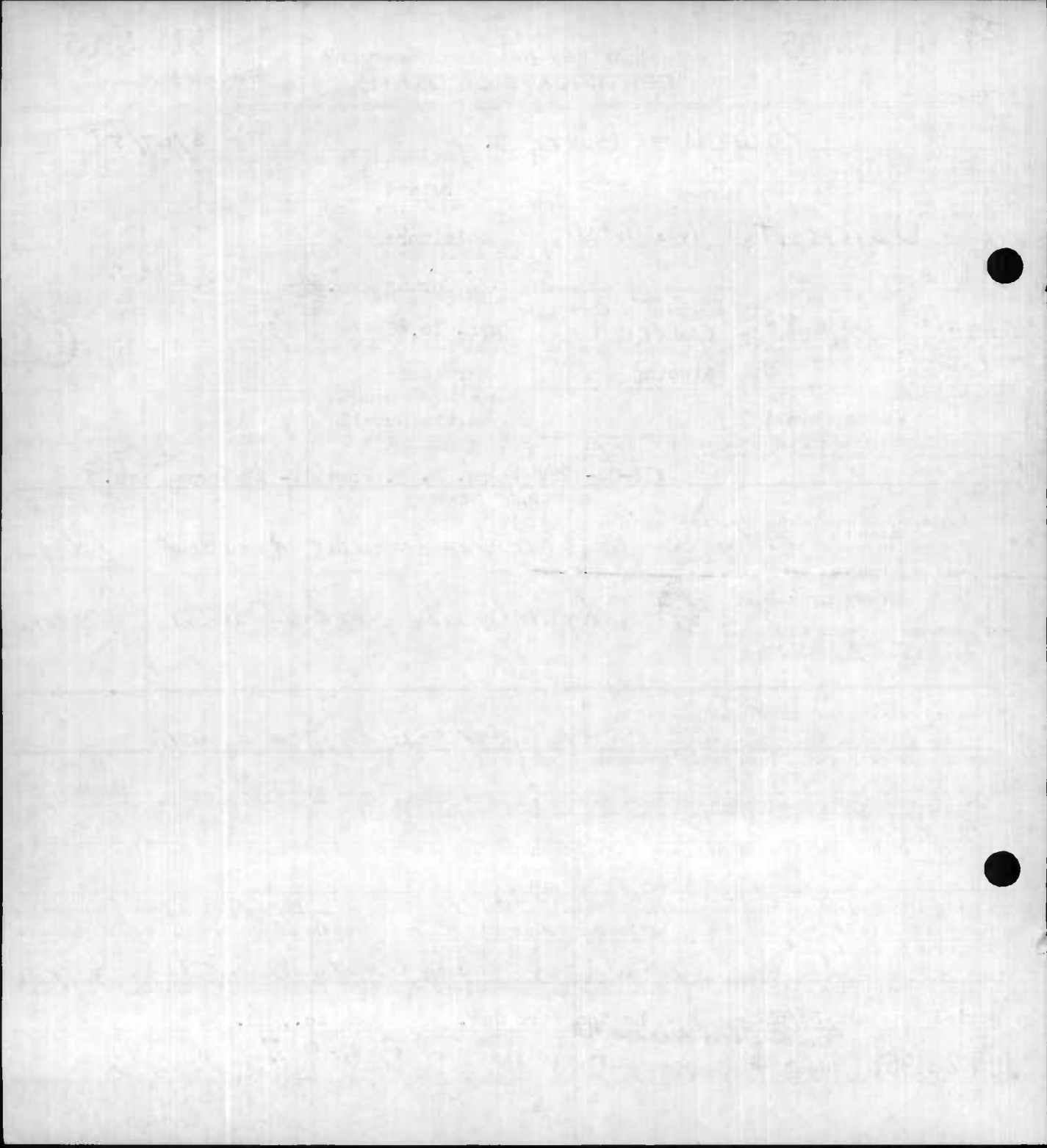
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

56424

300 Balto, Md



S353 51 5706

51 5706

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Stanton, Mr. Harold Grant

2. DATE
OF
DEATH

June 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 700 W. 40th St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md -

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Home for Incurables -

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6 Longwood Rd.

C. Length of stay in Baltimore

33

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 9, 1892

9. AGE (in years last birthday)

59

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Accountant (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Wilmington, Del

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Edward Stanton

14. MOTHER'S MAIDEN NAME

Cervida Weasley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Sara Stanton - 6 Longwood Rd.

18. 331X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

Cerebral Vascular accident

48 hours

DUE TO

Cerebral Hemorrhage

5 years

(B)

Arteriosclerosis (Generalized)

6 years

DUE TO

Hypertension (essential)

6 years

(C)

Absence of Left Leg

1 year

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from May 11, 1951, to June 26, 1951, that I last saw the deceased alive on June 26, 1951, and that death occurred at 2:43 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

W. Griffith Humphrey

M. D.

214 Medical Arts Bldg

6/26/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6/29/51

Galestown Cem.

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 28 1951

Huntington National Bank

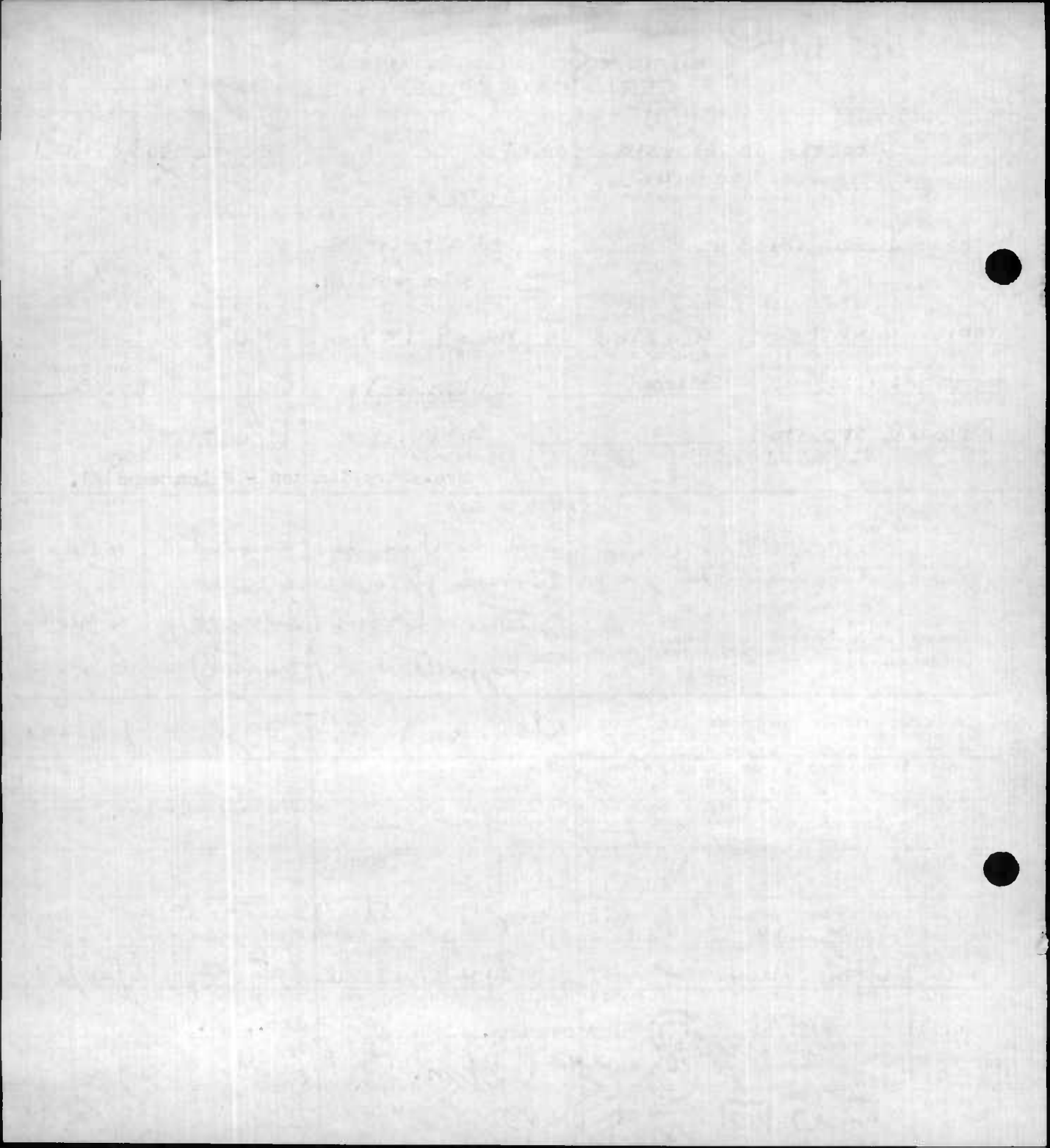
Edm. J. Pickens & Sons

VS 150

00050

83a Balto. Md.

MEDICAL CERTIFICATION



250 51 5707

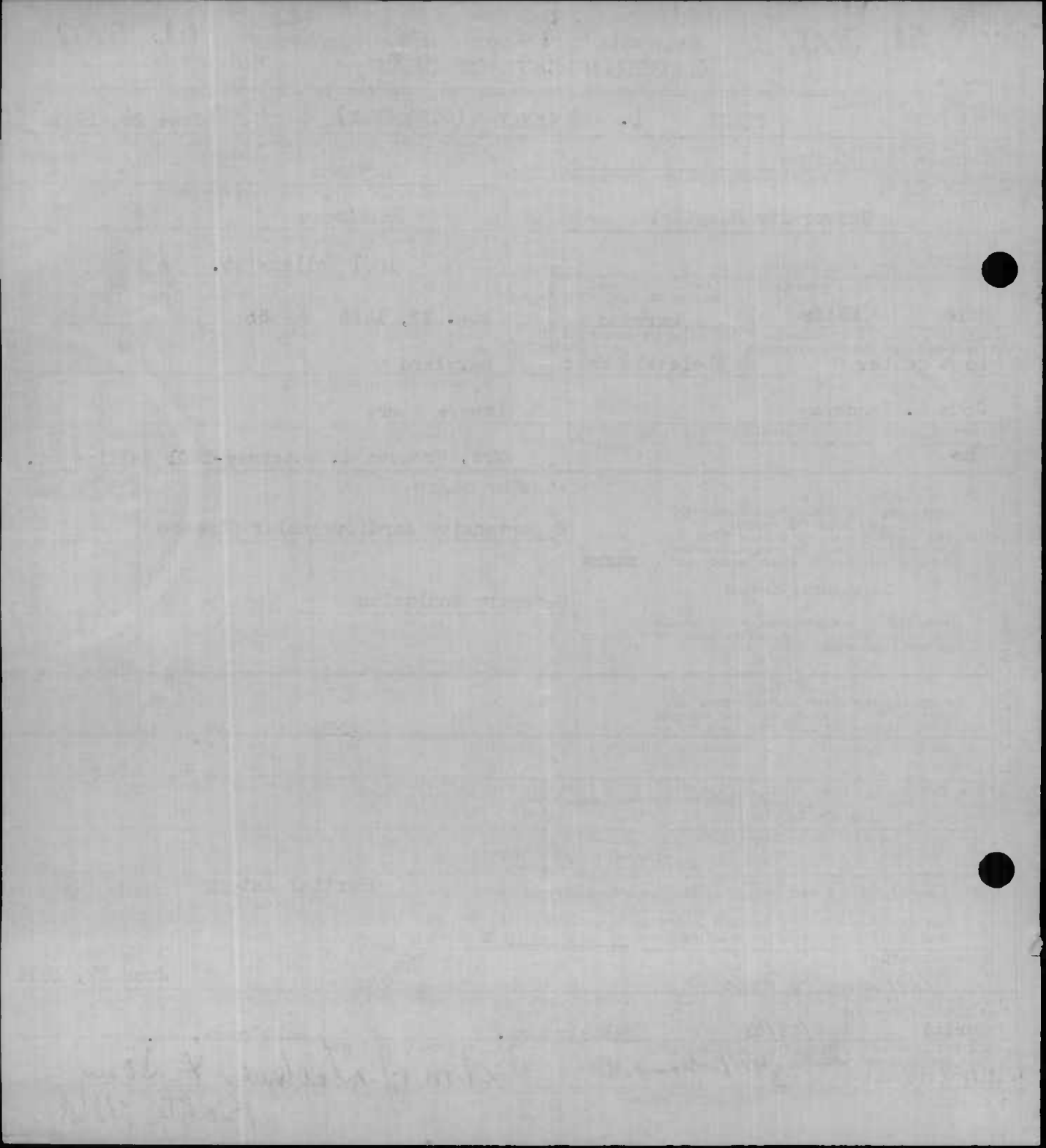
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5707
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) PERCY L. SHOCKNEY (SCHOCKNEY)		2. DATE OF DEATH June 26, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1801 Hollins St. 19-04
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter		10B. KIND OF BUSINESS OR INDUSTRY Wholesale Meat
13. FATHER'S NAME John H. Shockney		14. MOTHER'S MAIDEN NAME Lenora Moore
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Frances E. Shockney-1801 Hollins St.		ADDRESS

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) X X ANTECEDENT CAUSES Coronary occlusion (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
---	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased d'ed on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William J. Lickner</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/> June 27, 1951		
24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial	24B. DATE 6/29/51	24C. NAME OF CEMETERY OR CREMATORY Western Cem.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1951		25. FUNERAL DIRECTOR Wm. J. Lickner & Sons 64463 937 Balto, Md.		



320 51 5708

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5708

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY P. FEITZ

2. DATE
OF
DEATH

6-27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union of Md Hosp

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Harry D. Feitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Dec. 7, 1930

9. AGE (In years
last birthday)

20

If Under 1 Year
Months: Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF
WHAT COUNTRY?

US

14. MOTHER'S MAIDEN NAME

Jennie N. Norton

17. INFORMANT

Father

ADDRESS

Same

18. 704.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

intracranial hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

leukemia

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-27, 1951, to 6-27, 1951, that I last saw the
deceased alive on 6-27, 1951, and that death occurred at 7 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles Bagley

23B. ADDRESS

M. D.

Univ. of Maryland, Balt

23C. DATE SIGNED

6-27-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

6/28/51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Old Forge, Pa.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 28 1951

REGISTRAR'S SIGNATURE

John Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John J. Tickner & Sons

74a Balt Md.

800

351

1970

1971

1972

1973

1974

1975

1976

1977

1978

1979

1980

1981

1982

1983

1984

1985

1986

1987

1988

1989

1990

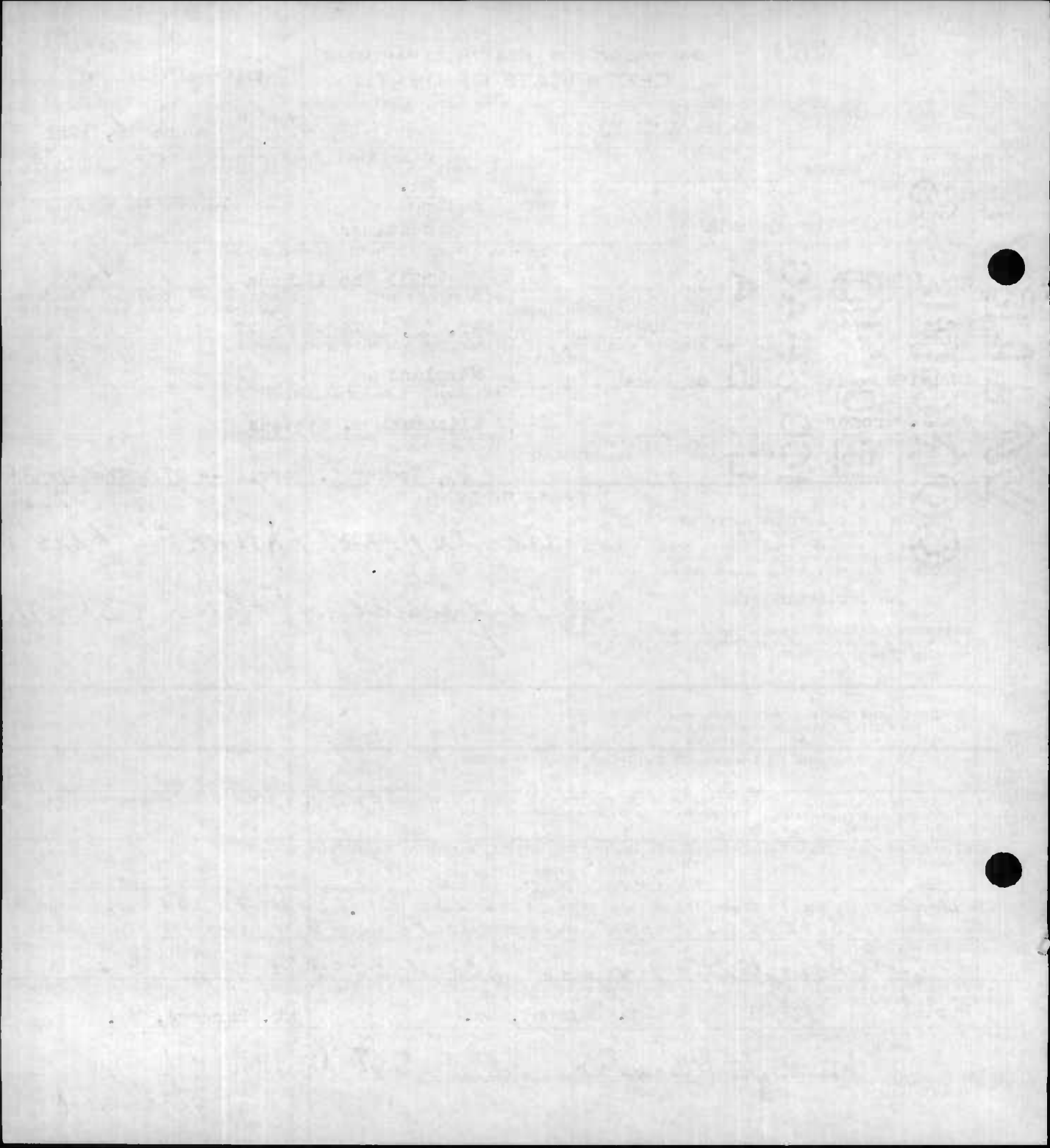
1991

1992

BIRTH NO.

Registered No. _____

1. NAME OF DECEASED (Type or Print)		SARAH JANE NORRIS		2. DATE OF DEATH June 25, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2711 The Alameda		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2711 The Alameda 9-06			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Mar. 28, 1874	9. AGE (in years last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John J. Groner		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Elizabeth C. Stevens	
15.		16.		17. INFORMANT ADDRESS Mr. Grover C. Norris 2- 2711 The Alameda	
18. 199.1		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Acute HEART FAILURE		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.	
ANTECEDENT CAUSES		(B) malignancy of Pelvic		3 months	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JUNE 18, 1951, to JUNE 25, 1951, that I last saw the deceased alive on JUNE 25, 1951, and that death occurred at 1 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Arthur J. Dames		23B. ADDRESS 800 W 32nd St.		23C. DATE SIGNED 6-26-51	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE 6/29/51		24C. NAME OF CEMETERY OR CREMATORY Mt. Harmony, Md.	
24D. LOCATION (City, town, or county) (State) Mt. Harmony, Md.		25. FUNERAL DIRECTOR ADDRESS Hon 577 Dickens & Sons 55E Balto., Md.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1951		REGISTRAR'S SIGNATURE [Signature]			



-620 51 5710

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5710

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH BROSH

2. DATE
OF
DEATH

6-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Maryland.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5 N. Clinton Street - 24 26-10

Length of stay in Baltimore

life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

Yrs.
Mos.
Days

8. DATE OF BIRTH

3-17-95

9. AGE (In years
last birthday)

56

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frank Brosh Jr. 5 N. Clinton St.

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Post-operative death due to carcinoma

DUE TO

of ovary (bilateral) and

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) probable carcinoma of Biliary tract

DUE TO

with metastasis to liver

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6-26-51

19B. MAJOR FINDINGS OF OPERATION

Chocolate cysts both ovaries - Carcinoma

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-12-51, 1951, to 6-28-51, 1951, that I last saw the
deceased alive on 6-28-51, 1951, and that death occurred at 7:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

William M. Reelger

M. D.

23B. ADDRESS

1400 N. Caroline St. - 13

23C. DATE SIGNED

6-28-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7-2-51

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. Reelger

25. FUNERAL DIRECTOR

Elly & Zeiler, Inc. 403 S. Wolfe St.

ADDRESS

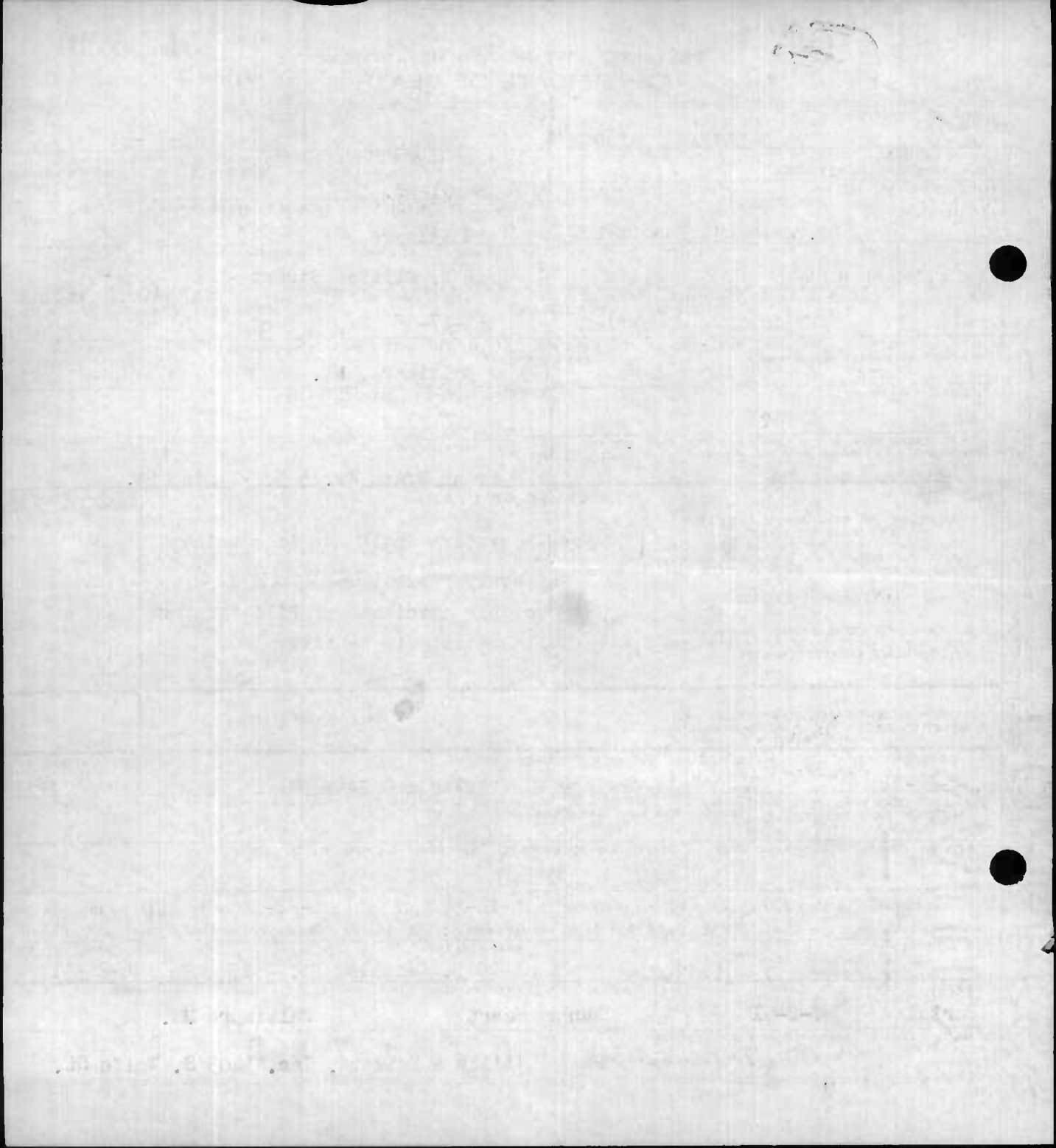
JUN 28 1951

VS 150

49a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



51 5711

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5711

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Oscar Hawkins

2. DATE

OF

DEATH June 25 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1419 St Mathews Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1219 St Mathews Street

Length of stay in Baltimore

23 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 11. 1902

9. AGE (In years last birthday)

48

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Roster

10B. KIND OF BUSINESS OR INDUSTRY

Mutual Chemical

11. BIRTHPLACE (State or foreign country)

Brunswick Co. Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Hawkins

14. MOTHER'S MAIDEN NAME

Apple Silver

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

217-01-4050

17. INFORMANT

ADDRESS

Jessie Hawkins 1219 St Mathews St

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cancer of Throat

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/79, 1957, to 6/25, 1957, that I last saw the deceased alive on 6/25, 1957, and that death occurred at 6:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

6/28/1951

Mt Calvary Cem.

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

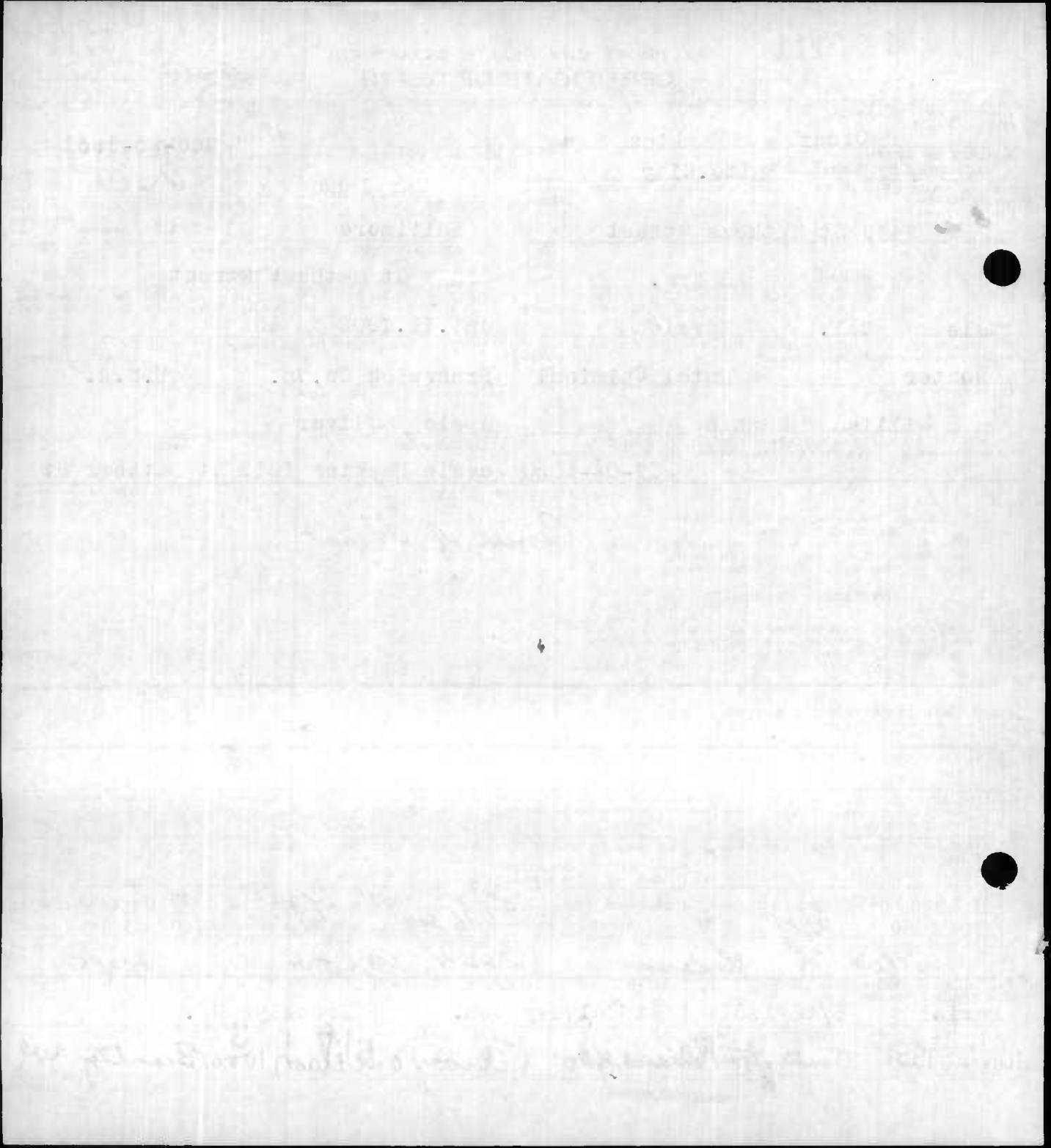
25. FUNERAL DIRECTOR

ADDRESS

JUN 28 1951

R. Williams, Jr.

E. O. Wilson 1000 Buntley ave



CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 5712

51 5712

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) H. JUNIUS PHILLIPS		2. DATE OF DEATH June 26, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
5. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marley Park, Glen Burnie, P.O.	
7. LENGTH OF STAY IN BALTIMORE D.O.A.		8. STREET ADDRESS (If rural, give location) 110 Forest Road	
9. SEX Male	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	12. DATE OF BIRTH 1911 Sept. 17, (1951)
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		14. KIND OF BUSINESS OR INDUSTRY Nat'l Plastic	
15. FATHER'S NAME Harry Phillips		16. MOTHER'S MARRIAGE NAME Nina Ingram	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes		18. SOCIAL SECURITY NO. 224-05-7866	
19. ADDRESS 110 Forrest Road		20. INFORMANT Mrs. Cleo Phillips, Glen Burnie, Md.	

18. CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
Drowning	
DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

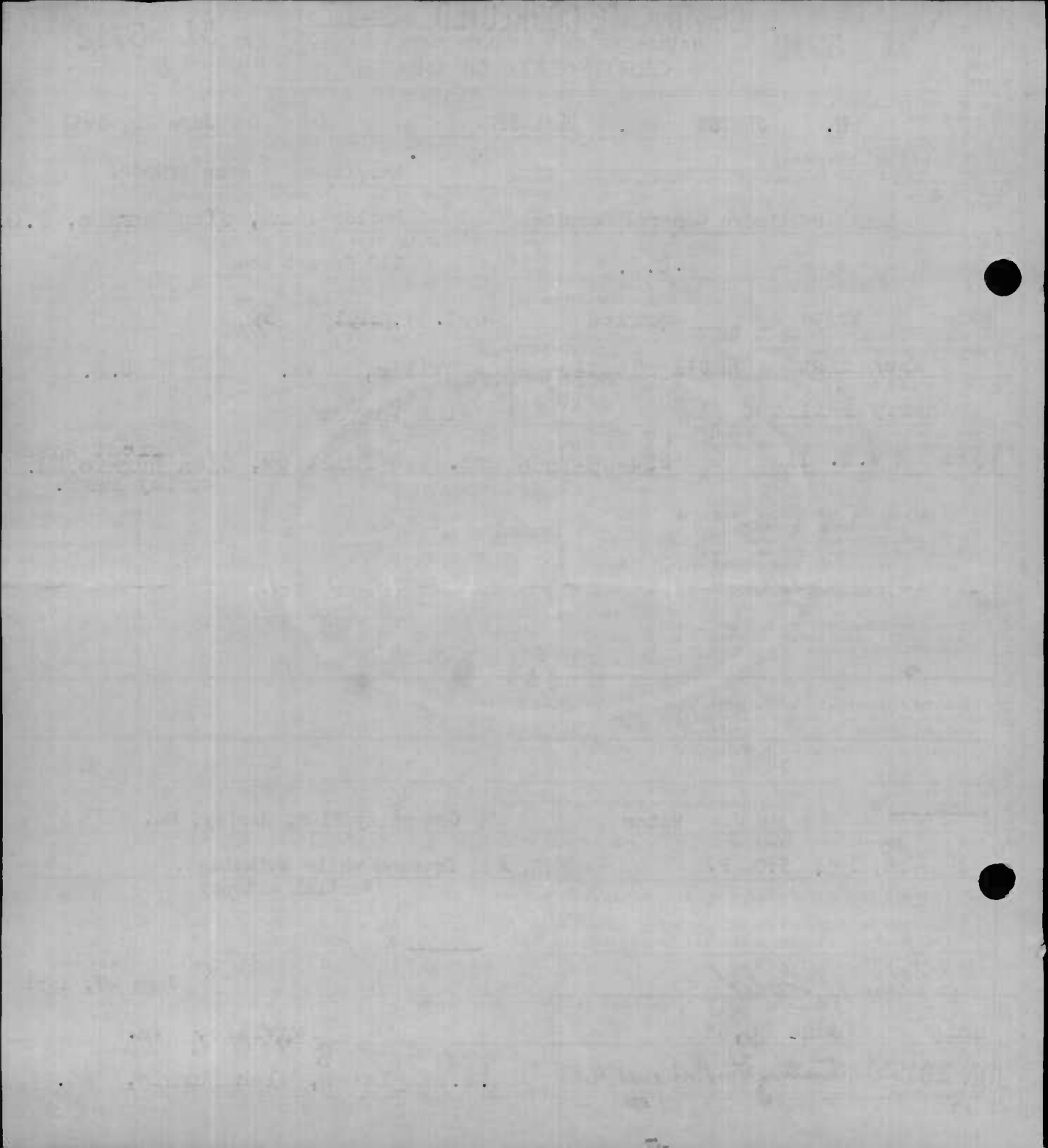
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Water		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Community Pier, Marley, Md.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 26, 1951 5:00 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Drowned while swimming.	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>					
23A. SIGNATURE William W. Singleton		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 27, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Ship		24B. DATE June 28, 51		24C. NAME OF CEMETERY OR CREMATORY Danville, Va.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1951		REGISTRAR'S SIGNATURE William W. Singleton		25. FUNERAL DIRECTOR T.W. Singleton, Glen Burnie, Md.	

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536

51 5713

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5713

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles N. Schneider.		2. DATE OF DEATH June 27, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 13-06	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3615 Roland Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Life Yrs. Life Mos. Life Days Life		D. STREET ADDRESS (If rural, give location) 3615 Roland Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 16, 1920
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None MEAT PACKER		10B. KIND OF BUSINESS OR INDUSTRY MEAT PROD (4)	9. AGE (In years last birthday) 30
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Charles F. Schneider		14. MOTHER'S MAIDEN NAME Erva Garrison	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Helen E. Schneider		ADDRESS 3615 Roland Ave	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute myocardial failure	CAUSE OF DEATH (A) Acute myocardial failure DUE TO	INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. spontaneous pneumothorax	(B) spontaneous pneumothorax DUE TO	?
(C) pulmonary tuberculosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

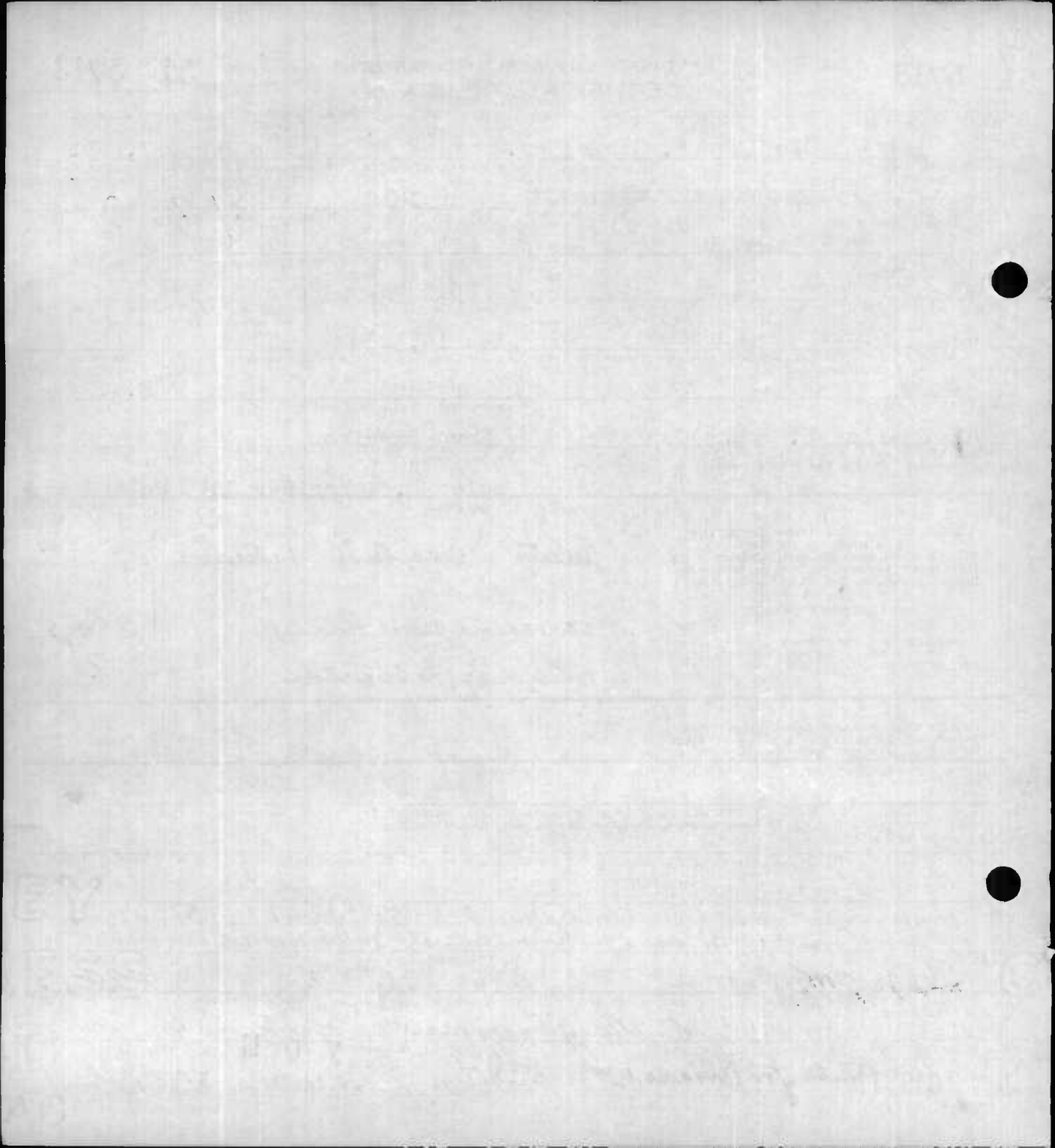
19A. DATE OF OPERATION June 23, 1951	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 23, 1951**, to **June 27, 1951**, that I last saw the deceased alive on **June 27, 1951**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Heaven Hoffman** M. D. **846 W. 36th St.** 23B. ADDRESS **846 W. 36th St.** 23C. DATE SIGNED **6-27-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **June 29/51** 24C. NAME OF CEMETERY OR CREMATORY **St. Mary's Hampden** 24D. LOCATION (City, town, or county) (State) **Roland Ave Md**

DATE RECEIVED BY LOCAL REGISTRAR **JUN 28 1951** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Austin E. Donovan** ADDRESS **3818 Roland Ave**



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5714**

BIRTH NO. **51 5714**

1. NAME OF DECEASED (Type or Print) JAKE ROBINSON		2. DATE OF DEATH June 26, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 19-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. 0 Mos. 0 Days 0		D. STREET ADDRESS (If rural, give location) 232 North Gilmore	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 7, 1916
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane Operator		10B. KIND OF BUSINESS OR INDUSTRY Construction	9. AGE (In years last birthday) 34
13. FATHER'S NAME Obie Robinson		11. BIRTHPLACE (State or foreign country) Wadesboro N.C.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Lesse Smith	
17. INFORMANT Senie Mae Robinson - Saratoga		ADDRESS 1603W	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION 6/30/1951		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Wood</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 6-26-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Shipped	24B. DATE 6/30/1951	24C. NAME OF CEMETERY OR CREMATORY Drakes Branch	24D. LOCATION (City, town, or county) (State) Drakes Branch Va	
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1951		REGISTRAR'S SIGNATURE <i>William Wood</i>		
FUNERAL DIRECTOR <i>Mr. R. Williams</i>		ADDRESS <i>Schroeder St</i>		

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20, 1951

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5715

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Roberta N. Ross (Ford)

2. DATE
OF
DEATH

June 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1519 W. Lexington St. (23)

Length of stay in Baltimore

24 Yrs.

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Separated

8. DATE OF BIRTH

Sept. 6, 1914

9. AGE (in years last birthday)

36

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ga.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Sherry Hollingsworth

14. MOTHER'S MAIDEN NAME

Betty Crockett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardio vascular Disease

10 Yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-22, 1951, to 6-23, 1951 that I last saw the deceased alive on 6-23, 1951, and that death occurred at 10:45 am, from the causes and on the date stated above.

23A. SIGNATURE

W. H. Crozier M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

6-25-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

24B. DATE

6/30/1951

24C. NAME OF CEMETERY OR CREMATORY

W. H. Crozier Cem. Balto

24D. LOCATION (City, town, or county) (State)

MD

REGISTRAR'S SIGNATURE

W. H. Crozier

25. FUNERAL DIRECTOR

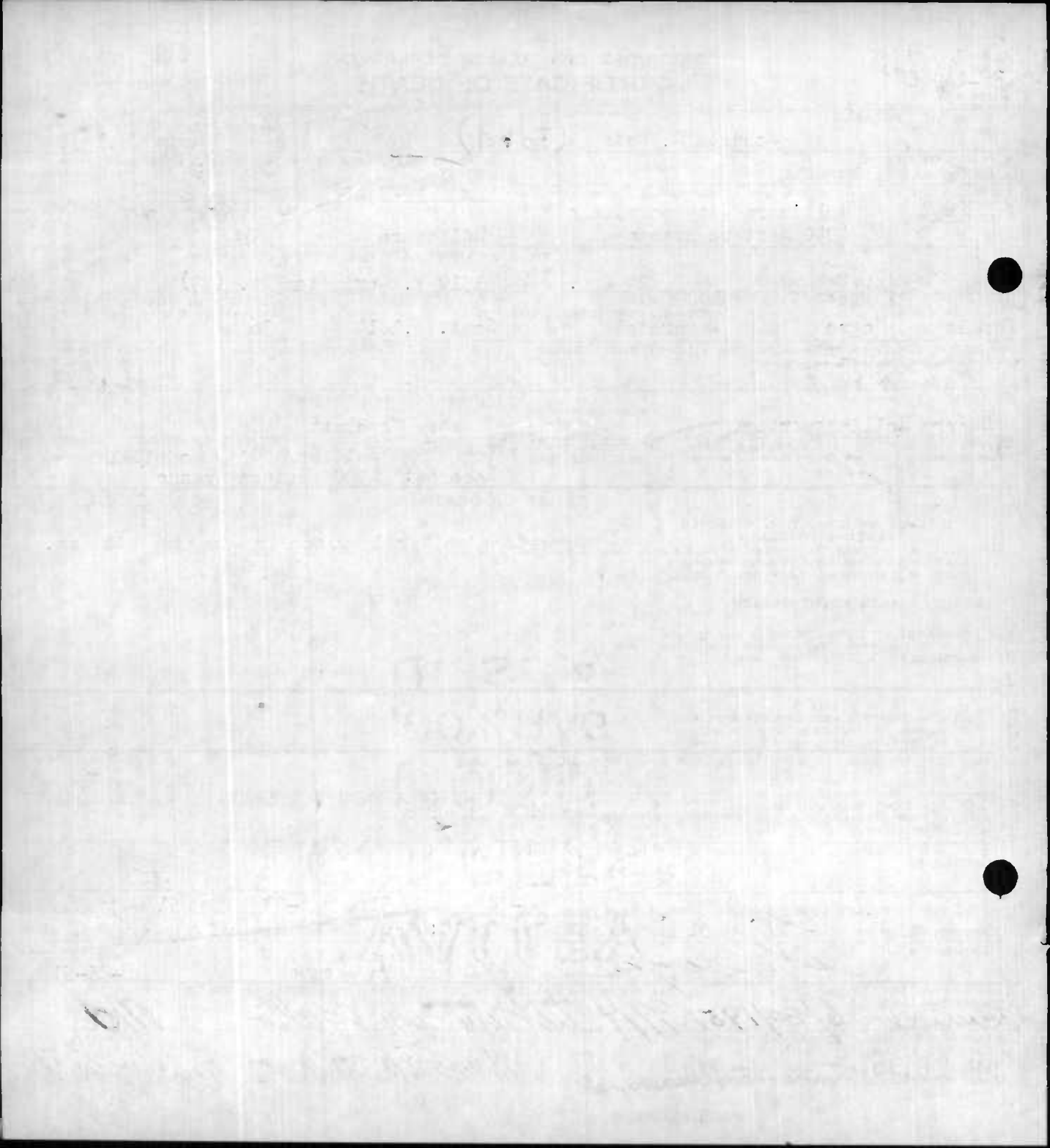
W. H. Crozier

ADDRESS

322

VS 150

937



240
BIRTH 149348
5716BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5716
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marion McCauley

2. DATE
OF
DEATH

6/25/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE
Maryland
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3725 Tenth Street

Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Feb. 11, 1896

9. AGE (in years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Guard

10B. KIND OF BUSINESS OR
INDUSTRY

Martin Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry McCauley

14. MOTHER'S MAIDEN NAME

Lillie Franklin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

WW I

16. SOCIAL
SECURITY NO.17. INFORMANT
Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 451 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Shock

5 minutes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Dissecting Aneurysm

3 weeks

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12, 1951 to 6/25, 1951, that I last saw the
deceased alive on 6/25, 1951, and that death occurred at 12:50 PM, from the causes and on the date stated above.

23A. SIGNATURE

J. S. Rogers

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

6-26-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

6/29/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

130 E. Fort Ave.

JUN 28 1951

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51 5717

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5717
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Milton Davis</i>			2. DATE OF DEATH <i>June 27, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>md.</i> B. COUNTY <i>16-03</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHN HOPKINS HOSPITAL</i>			C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township)		
6. LENGTH OF STAY IN BALTIMORE <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>915 N. Stricker St.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>1-2-38</i>	9. AGE (In years last birthday) <i>13</i>	10. UNDER 1 YEAR Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>			11. BIRTHPLACE (State or foreign country) <i>Balto. Md</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
12. FATHER'S NAME <i>James Taylor</i>			14. MOTHER'S MAIDEN NAME <i>Dorothy Minter</i>		
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service)			16. SOCIAL SECURITY NO.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service)			17. INFORMANT ADDRESS <i>JOHN HOPKINS HOSPITAL</i>		

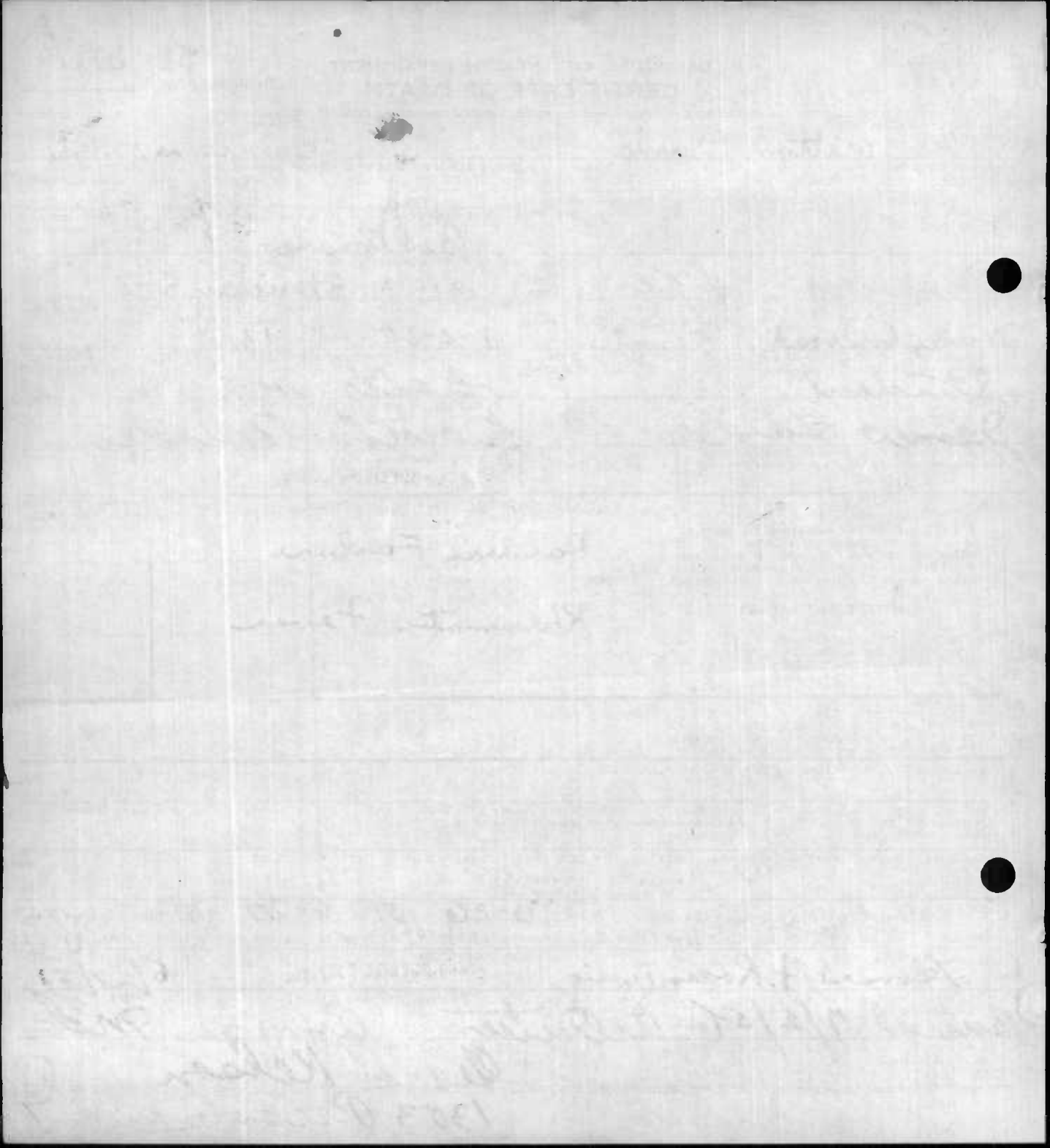
18. <i>401.3 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardiac Failure</i> DUE TO <i>Rheumatic Fever</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *6-26, 1951*, to *6-27, 1951*, that I last saw the deceased alive on *6-27, 1951*, and that death occurred at *4:10 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Leonard F. Rosenzweig</i>		23B. ADDRESS <i>JOHN HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>6/28/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>7/2/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus</i>	24D. LOCATION (City, town, or county) (Street) <i>Arbutus Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 28 1951</i>	REGISTRAR'S SIGNATURE <i>William Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>Geo. D. Kelson 58 E 1303 Pressman St</i>		

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5718

BIRTH NO. 51 5718

1. NAME OF DECEASED (Type or Print) <i>Clara Mustie</i>		2. DATE OF DEATH <i>27 June 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>MD</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Balt. Gen. Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <i>Balto</i> <i>24-01</i>	
D. STREET ADDRESS (If rural, give location) <i>120 E Barney St</i>		E. DATE OF BIRTH <i>Jan 30 1893</i>	
F. AGE (Years, Months, Days) <i>58</i>		G. BIRTHPLACE (State or foreign country) <i>Balto MD</i>	
H. CITIZEN OF WHAT COUNTRY? <i>US</i>		I. MOTHER'S MAIDEN NAME <i>Sarah Fair</i>	
J. FATHER'S NAME <i>Ely Shearer</i>		K. SOCIAL SECURITY NO. <i>MD</i>	
L. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>MD</i>		M. ADDRESS <i>Edward P. Martin / 20 E. Barney</i>	
15. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>(A) Intestinal Obstruction</i> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B)</i> DUE TO <i>(C)</i>			
16. ANTECEDENT CAUSES OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>II</i>			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>26 June 1951</i> , to <i>27 June 1951</i> , that I last saw the deceased alive on <i>27 June 1951</i> , and that death occurred at <i>7:25 P</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Marlene H. Zmud</i>		23B. ADDRESS <i>South Balt. Gen Hosp.</i>	
23C. DATE SIGNED <i>27 June 51</i>		23D. M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>June 30, 1951</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>St Peters</i>		24D. LOCATION (City, town, or county) (State) <i>Balto MD</i>	
25. FUNERAL DIRECTOR <i>Wm. J. Williams, Inc.</i>		25. ADDRESS <i>1400 S. Charles St</i>	

27 June 1961

Clare Westin

South Ball. Gov. Hosp.

Female White

Intestinal Obstruction

27 June 1961

27 June 1961

South Ball. Gov. Hosp.

Female White

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5719**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CARLIN P. Kilby.

2. DATE
OF
DEATH

June 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-06

D. STREET ADDRESS (If rural, give location)

1013 W. 37th St.

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married.

8. DATE OF BIRTH

June 24, 1908

9. AGE (in years
last birthday)

43

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Lather

10B. KIND OF BUSINESS OR
INDUSTRY

Bldg Construction.

Va.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert S. Kilby.

14. MOTHER'S MAIDEN NAME

Mary E. Wysor.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-78-5467

17. INFORMANT

ADDRESS

Mrs Viola Poe 1013 W. 37th St

18. **002X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Pulmonary tuberculosis**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **Fatty liver**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Lovett

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 27, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/30/1951

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William V. Lovett

25. FUNERAL DIRECTOR

ADDRESS

Paul E. Chenoweth Jr 3615 Chestnut Av

JUN 28 1951

VS 151

594 24

13B

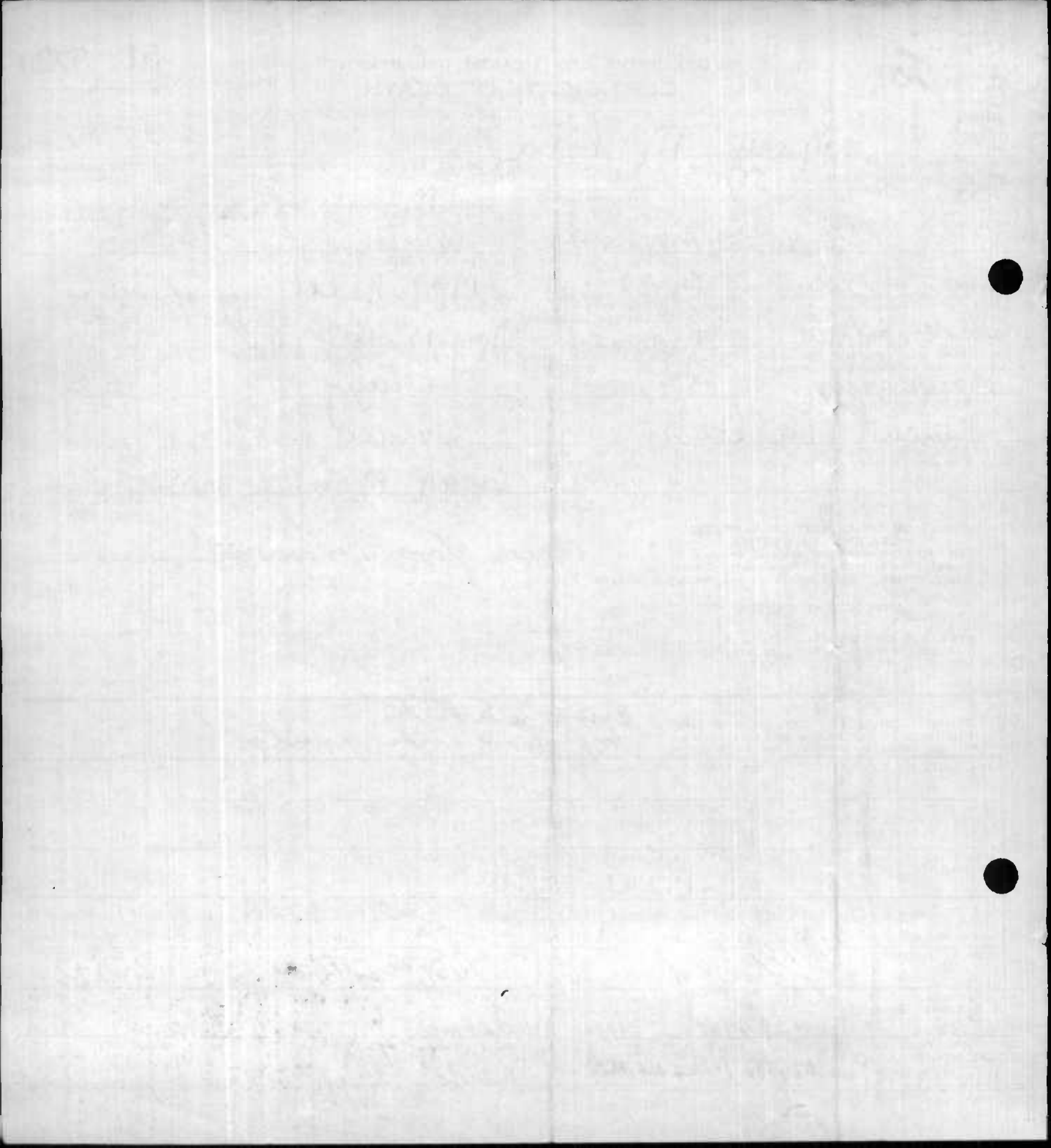
212-18-04

430
51 5720BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5720
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mary Melita</i>		2. DATE OF DEATH <i>6-25-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1937 N. Collington Ave</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i> <i>8-02</i>	
D. STREET ADDRESS (If rural, give location) <i>1937 N. Collington Ave</i>		E. LENGTH OF STAY IN BALTIMORE <i>5 1/2 yrs.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 15, 1890</i>
9. AGE (In years last birthday) <i>60</i>		10. CITIZEN OF WHAT COUNTRY? <i>Italy</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	
11. BIRTHPLACE (State or foreign country) <i>Italy</i>		12. CITIZEN OF WHAT COUNTRY? <i>Italy</i>	
13. FATHER'S NAME <i>Vincent Vallestro</i>		14. MOTHER'S MAIDEN NAME <i>Frances Butta</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>None</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Frank Melita</i>		ADDRESS <i>1937 N. Collington Ave</i>	

18. <i>592X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Chronic glomerulonephritis</i>		INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH (A) <i>Chronic glomerulonephritis</i> DUE TO		
ANTECEDENT CAUSES (B) <i>Diabetes mellitus</i> DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) <i>Hypertensive cardiovascular</i> DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diabetes mellitus</i> <i>Hypertensive cardiovascular</i>		

19A. DATE OF OPERATION <i>6-25-51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>4-1</i> , 19 <i>51</i> , to <i>6-25</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>6-25</i> , 19 <i>51</i> , and that death occurred at <i>8A</i> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>J. J. Gould</i>		23B. ADDRESS <i>147 East Ave</i>		23C. DATE SIGNED <i>6-27-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 29, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	24D. LOCATION (City, town, or county) (State) <i>Belair Road Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 28 1951</i>		25. FUNERAL DIRECTOR <i>Heidell Shippel</i> ADDRESS <i>3125 Highland Ave</i>		



CERTIFICATE CORRECTED 7-2-51

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 5721

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Wilson

2. DATE
OF
DEATH

JUNE 28 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HAL-6

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

GARRETT

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

JOHNS HOPKINS HOSPITAL

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Kitzmillier

7. STREET ADDRESS (If rural, give location)

6100

8. Length of stay in Baltimore

Yrs.
Mos.
Days

9. SEX

MALE

10. COLOR OR RACE

White

11. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

12. DATE OF BIRTH

1-25-96

13. AGE (In years last birthday)

55

14. If Under 1 Year Months Days

If Under 24 Hours Hours Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

COAL MINER

16. KIND OF BUSINESS OR INDUSTRY

17. BIRTHPLACE (State or foreign country)

MARYLAND

18. CITIZEN OF WHAT COUNTRY?

19. FATHER'S NAME

R. J. Wilson

20. MOTHER'S MAIDEN NAME

Francis Fortney

21. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

22. SOCIAL SECURITY NO.

23. INFORMANT

JOHNS HOPKINS HOSPITAL

24. ADDRESS

25. 162X

CAUSE OF DEATH

26. INTERVAL BETWEEN ONSET AND DEATH

8 mos

27. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

carcinomatosis

DUE TO

28. ANTECEDENT CAUSES

29. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Carcinoma, lung, bronchiogenic

30. DUE TO

(C)

31. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

32. 19A. DATE OF OPERATION

April 1951

33. 19B. MAJOR FINDINGS OF OPERATION

Bronchiogenic carcinoma

34. 20. AUTOPSY?

YES ☐ NO ☒

35. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

36. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

37. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

38. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

39. 21E. INJURY OCCURRED

40. 21F. HOW DID INJURY OCCUR?

41. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

42. I hereby certify that I attended the deceased from 6-26-1951, to 6-28-1951, that I last saw the deceased alive on 6-28-1951, and that death occurred at 1-11 a.m., from the causes and on the date stated above.

43. 23A. SIGNATURE

James R. Cantrell

M. O.

44. 23B. ADDRESS

JOHNS HOPKINS HOSPITAL

45. 23C. DATE SIGNED

6/28/51

46. 24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

47. 24B. DATE

July 1, 1951

48. 24C. NAME OF CEMETERY OR CREMATORY

Hamill Cemetery

49. 24D. LOCATION (City, town, or county) (State)

Near Kitzmillier, Garrett Co., Md.

50. DATE RECEIVED BY LOCAL REGISTRAR

JUN 28 1951

51. REGISTRAR'S SIGNATURE

Thurston Williams

52. 25. FUNERAL DIRECTOR

53. ADDRESS

54. ADDRESS

Blaine Rd

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5722**

262
51 5722

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **FRANK EDWARD KAISERSKI**

2. DATE OF DEATH **June 27, 1951**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION **US Marine Hospital**
Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
837 Hollins street

Length of stay in Baltimore **?** Yrs. Mos. Days

5. SEX **M** 6. COLOR OR RACE **W** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Wid.**

8. DATE OF BIRTH **2/10/85** 9. AGE (In years last birthday) **66** 10 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None Laborer - Ret** 10B. KIND OF BUSINESS OR INDUSTRY **Rustlers**

11. BIRTHPLACE (State or foreign country) **Maryland** 12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **?** **STEEL (Mother)**

14. MOTHER'S MAIDEN NAME **?**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **Yes** (If yes, give war or dates of service) **Phillipine Ins.** 16. SOCIAL SECURITY NO. **818-0928785A**

17. INFORMANT ADDRESS **Records- US Marine Hospital, Balto, Md.**

18. **470.1** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) **Coronary Sclerosis with occlusion and myocardial infarction, old**
DUE TO
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

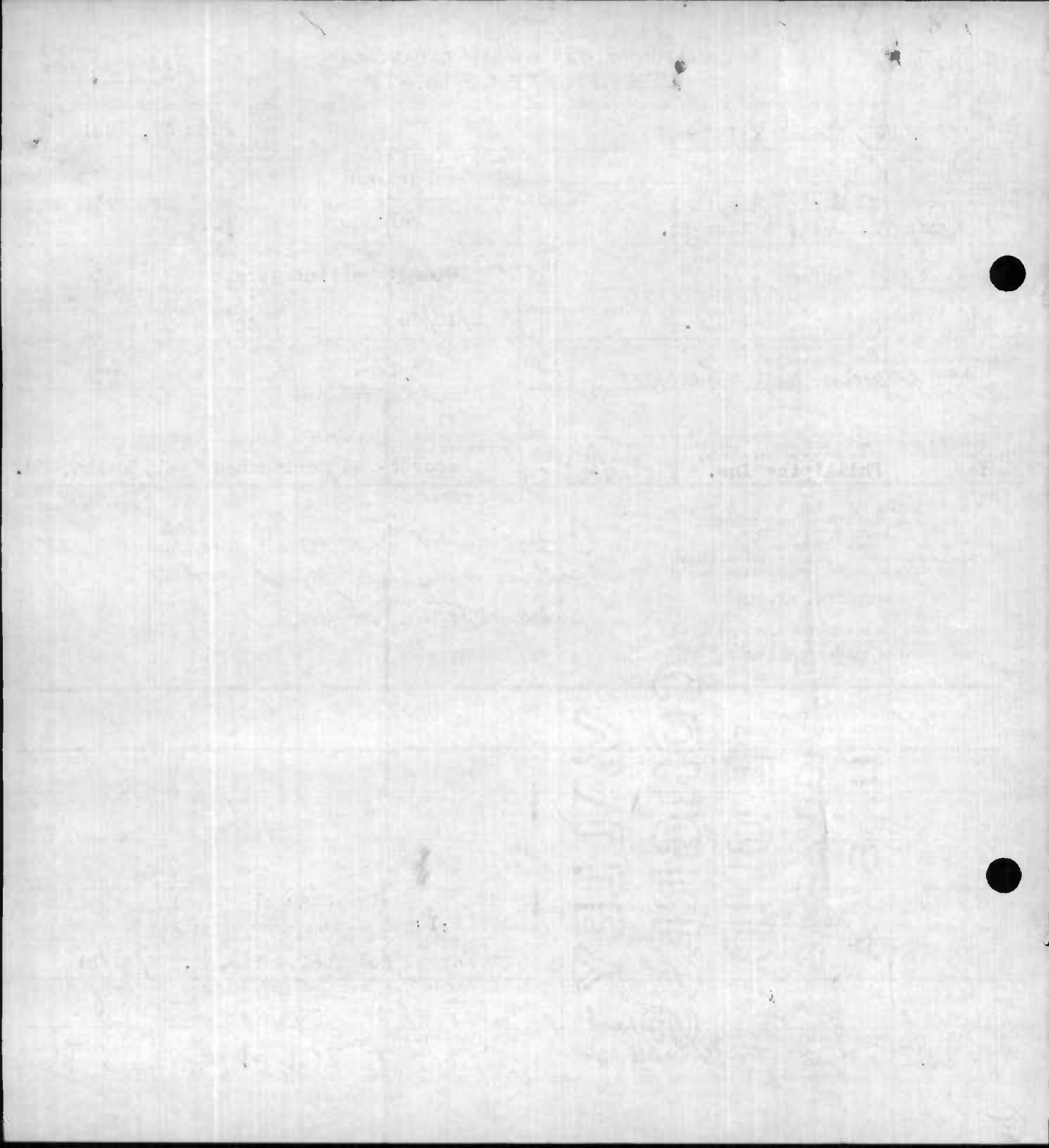
22. I hereby certify that I attended the deceased from **June 11**, 19**51** to **June 27**, 19**51**, that I last saw the deceased alive on **June 27**, 19**51**, and that death occurred at **5:10 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **W. R. Ramey** M. D. 23B. ADDRESS **US Marine Hospital, Balto, Md.** 23C. DATE SIGNED **6/27/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **6-29-51** 24C. NAME OF CEMETERY OR CREMATORY **Balto National** 24D. LOCATION (City, town, or county) (State) **Balto Md.**

DATE RECEIVED BY LOCAL REGISTRAR **JUN 28 1951** REGISTRAR'S SIGNATURE **W. R. Ramey** 25. FUNERAL DIRECTOR **W. R. Ramey** ADDRESS **7536 S. Maryland Rd.**

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5723
Registered No. _____

600
51 5723
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) SADIE PEARL BRAY		2. DATE OF DEATH 6-27-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for the Women of Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hamilton, VT	
D. STREET ADDRESS (If rural, give location) 3010 Glenmore Ave			
5. SEX Female		8. DATE OF BIRTH Jan 24-1845	
6. COLOR OR RACE White		9. AGE (In years; last birthday) 66	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		10. BIRTHPLACE (State or foreign country) Balto. Md	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF USA WHICH COUNTRY? America	
10B. KIND OF BUSINESS OR INDUSTRY _____		13. FATHER'S NAME William C. Clapp	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mr. Wm. Bray		ADDRESS Hamilton, Md	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 170X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) METASTATIC CARCINOMA		DUE TO		2 YEARS	
(B) CARCINOMA OF LEFT BREAST		DUE TO			
(C) ARTERIOSCLEROTIC HEART DISEASE		DUE TO			
<p align="center">II</p> <p>19. DATE OF OPERATION JUNE 1944 19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF BREAST</p>					

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on **6-27, 1951**, and that death occurred at **12:40 p.m.**, from the causes and on the date stated above.

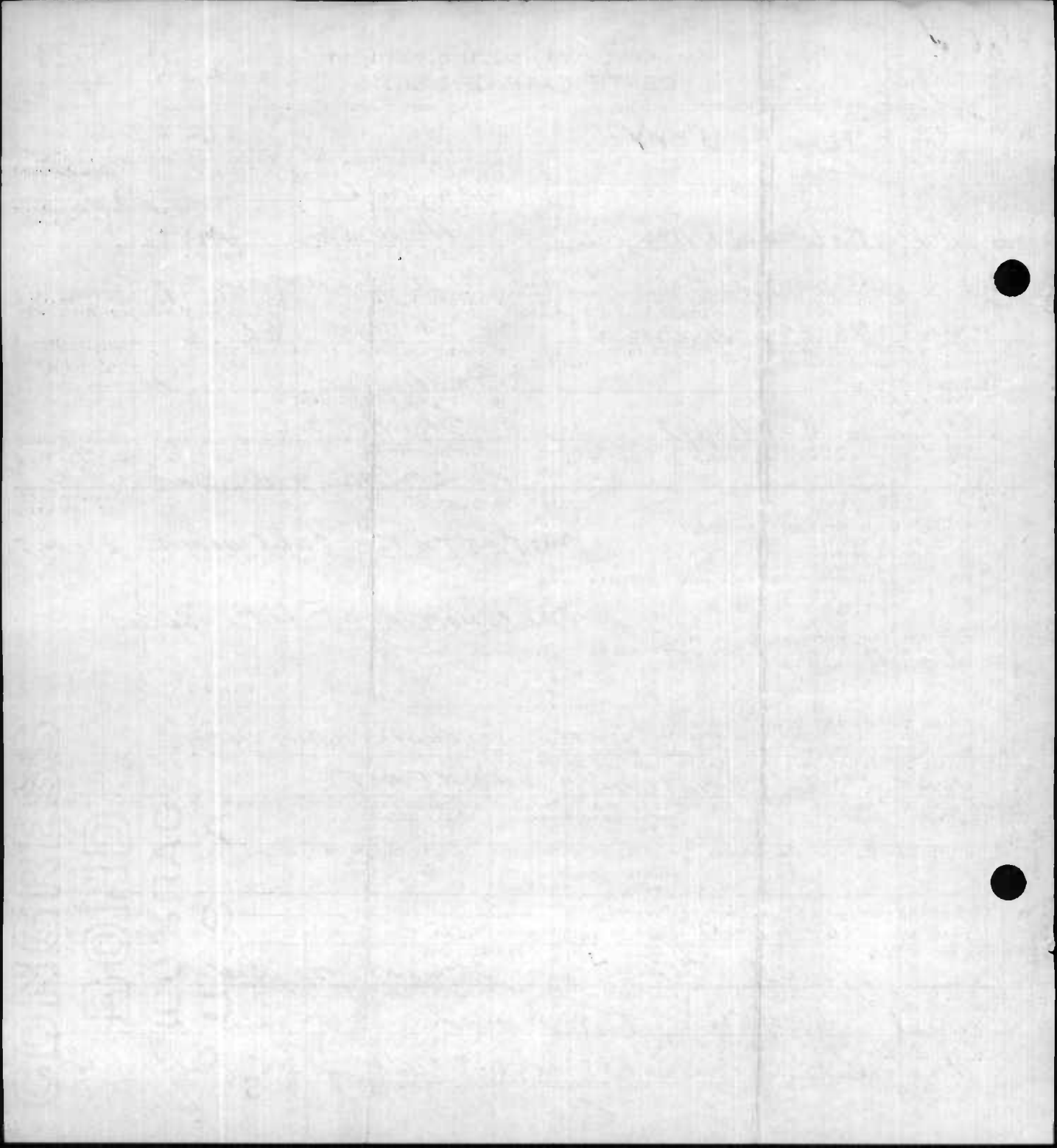
23A. SIGNATURE Paul S. Gotsch		23B. ADDRESS Women's Hosp. Balt. Md.		23C. DATE SIGNED 6-27-51	
--------------------------------------	--	---	--	---------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/30/51		24C. NAME OF CEMETERY OR CREMATORY Parkwood		24D. LOCATION (City, town, or county) (State) Balto Md	
---	--	--------------------------	--	--	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Wm. Williams, M.D.		25. FUNERAL DIRECTOR L. J. Luck		ADDRESS 5305 Hayford Rd	
----------------------------------	--	---	--	--	--	--------------------------------	--

JUN 28 1951 VS 150

correct age is especially important. Physicians: please use causes of death clearly and legibly.



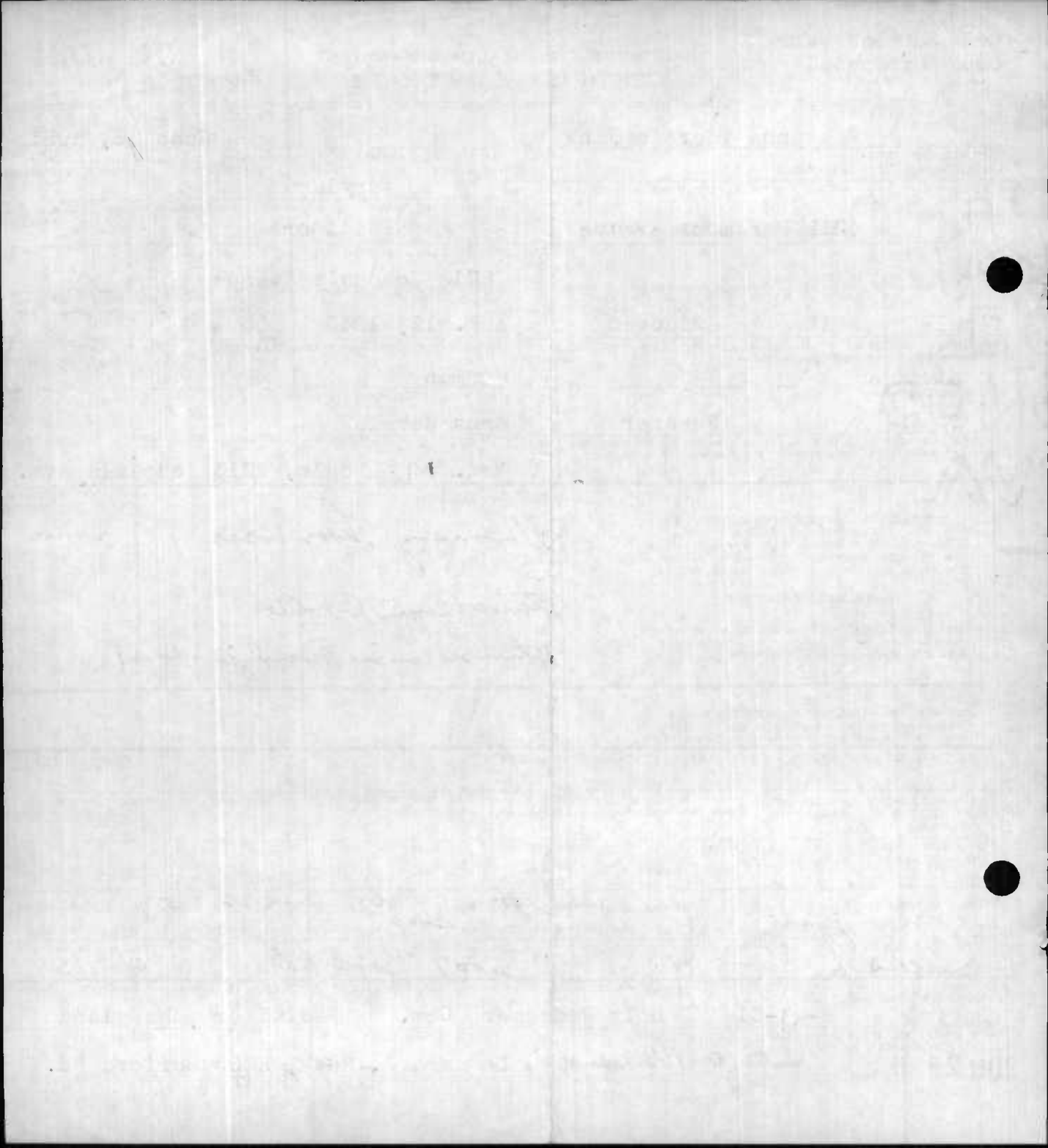
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Charles Carr
6007 York Road
51 5724

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5724
Registered No.

1. NAME OF DECEASED (Type or Print) Anna Theresa Fink		2. DATE OF DEATH June 26, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4212 Parkmont Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 27-03	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2213 Echodale Avenue	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 12, 1865
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 85
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME Anna Warmka	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. M. Vogle, 2213 Echodale Ave.		ADDRESS	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis (A) DUE TO Arteriosclerosis C.V. Dis. (B) DUE TO Arteriosclerosis Generalized advanced (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Sept 21 , 19 50 , to June 26 , 19 51 , that I last saw the deceased alive on June 25 , 19 51 , and that death occurred at 4:40 P.M. , from the causes and on the date stated above.	
23A. SIGNATURE Charles E. Carr Jr.		23B. ADDRESS 6007 York Rd.	
23C. DATE SIGNED 6/27/51		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 6-29-51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Rd.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1951		REGISTRAR'S SIGNATURE Wm. J. Williams, Jr.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5725
Registered No.

100
51 5725
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Margaret A. Cope</i>			2. DATE OF DEATH <i>6/27/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>Mary Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>9-09</i>		
Length of stay in Baltimore <i>Life</i> Yrs. _____ Mos. _____ Days _____			O. STREET ADDRESS (If rural, give location) <i>1602 Disquith St.</i>		
5. SEX <i>F.</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Nov. 3, 1897</i>		9. AGE (In years last birthday) <i>53</i> If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Clothing Mfg.</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>John Herald</i>			14. MOTHER'S MAIDEN NAME <i>Helena Huth</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i> (If yes, give war or dates of service) <i>None</i>		16. SOCIAL SECURITY NO. <i>212-096928</i>	17. INFORMANT <i>Halter Cope</i> <i>1602 Disquith St.</i> (Same)		

18. <i>203X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) <i>Multiple Myeloma with paraplegia and multiple fractures (pathological) ribs and vertebrae</i>	<i>15 mts. ??</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>7/2/51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT <input type="checkbox"/> WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>4/27/51</i> to <i>6/27/51</i> , that I last saw the deceased alive on <i>6/27/51</i> and that death occurred at <i>9 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Harold S. Connor</i> M. D.		23B. ADDRESS <i>Mary Hospital</i>		23C. DATE SIGNED <i>6/27/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7-2-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. LOCATION (City, town, or county) <i>Baltimore</i>		24F. LOCATION (City, town, or county) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 28 1951</i>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>		FUNERAL DIRECTOR <i>George J. Smith Inc.</i> ADDRESS <i>7735 Hayford Ave</i>	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5726
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Barbara M. Schutz		2. DATE OF DEATH June 26th, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1838 Hope Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1838 Hope Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-7-1870
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 81
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Michael Schriefer		14. MOTHER'S MAIDEN NAME Susana Kestler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mr. Frank A. Brandner-1831 Hope Street		ADDRESS	

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Nephrosclerosis Coronary Artery Sclerosis DUE TO (A) ... (B) ... (C) ... INTERVAL BETWEEN ONSET AND DEATH 10 years 10 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 2, 1951, to June 26, 1951, that I last saw the deceased alive on June 26, 1951, and that death occurred at 10:05 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Sol Smith		23B. ADDRESS 1223 E. North Ave.		23C. DATE SIGNED 6/27/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-29-51		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) Belair Rd. Balto: Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1951		24F. REGISTRAR'S SIGNATURE Huntington B. Thomas, Jr.	
24G. DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1951		24H. REGISTRAR'S SIGNATURE Huntington B. Thomas, Jr.		24I. FUNERAL DIRECTOR George J. Kuth, Inc.	
24J. DATE RECEIVED BY LOCAL REGISTRAR JUN 28 1951		24K. REGISTRAR'S SIGNATURE Huntington B. Thomas, Jr.		24L. FUNERAL DIRECTOR George J. Kuth, Inc.	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5727

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>George Utz</i> (George T. Utz)		2. DATE OF DEATH <i>6-26-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Balto</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mersey</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>8-03</i>	
6. LENGTH OF STAY IN BALTIMORE <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2709 E. Hoffman St.</i>	
7. SEX <i>male</i>	8. COLOR OR RACE <i>white</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	10. DATE OF BIRTH <i>2-5-03</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Standard Oil Co</i>	12. KIND OF BUSINESS OR INDUSTRY <i>Petrol.</i>	13. BIRTHPLACE (State or foreign country) <i>Md</i>	14. AGE (In years, months, days) <i>48 years</i>
15. FATHER'S NAME <i>George T. Utz</i>	16. MOTHER'S MAIDEN NAME <i>Louisa M. Bloodkamp</i>	17. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>unk</i>	19. SOCIAL SECURITY NO. <i>217-01-7356</i>	20. INFORMANT (Bloodkamp) ADDRESS <i>Utz 2709 E Hoffman</i>	
18. <i>420.1</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
CAUSE OF DEATH <i>Coronary occlusion 5 min.</i>			
DUE TO (A) <i>Art. sclerosis of coronaries?</i>			
DUE TO (B) <i>?</i>			
DUE TO (C) <i>?</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Cholelithiasis</i>			
19A. DATE OF OPERATION <i>6-26-51</i>	19B. MAJOR FINDINGS OF OPERATION <i>Cholelithiasis</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>none</i>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-26-51</i> 19 <i>51</i> , that I last saw the deceased alive on <i>19</i> and that death occurred at <i>m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Fowler F. White</i>	23B. ADDRESS <i>Mersey Hosp</i>	23C. DATE SIGNED <i>6-26-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24B. DATE <i>6-30-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>holy redeemer Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Belair Rd. Balto: Md.</i>
25. DATE RECEIVED BY LOCAL REGISTRAR	26. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	27. FUNERAL DIRECTOR <i>George J. Rugh, Inc.</i>	28. ADDRESS <i>11736 Harford Avenue</i>

MEDICAL CERTIFICATION

JUN 28 1951

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5728
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL BEAR

2. DATE
OF
DEATH

June 29 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SINAI HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
Last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Hypert. Cardio-vas. D.

2

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis D.

(C) DUE TO

Pulmonary edema

Oxygen

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from June 23, 1951, to June 28, 1951, that I last saw the
deceased alive on June 28, 1951, and that death occurred at 12:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

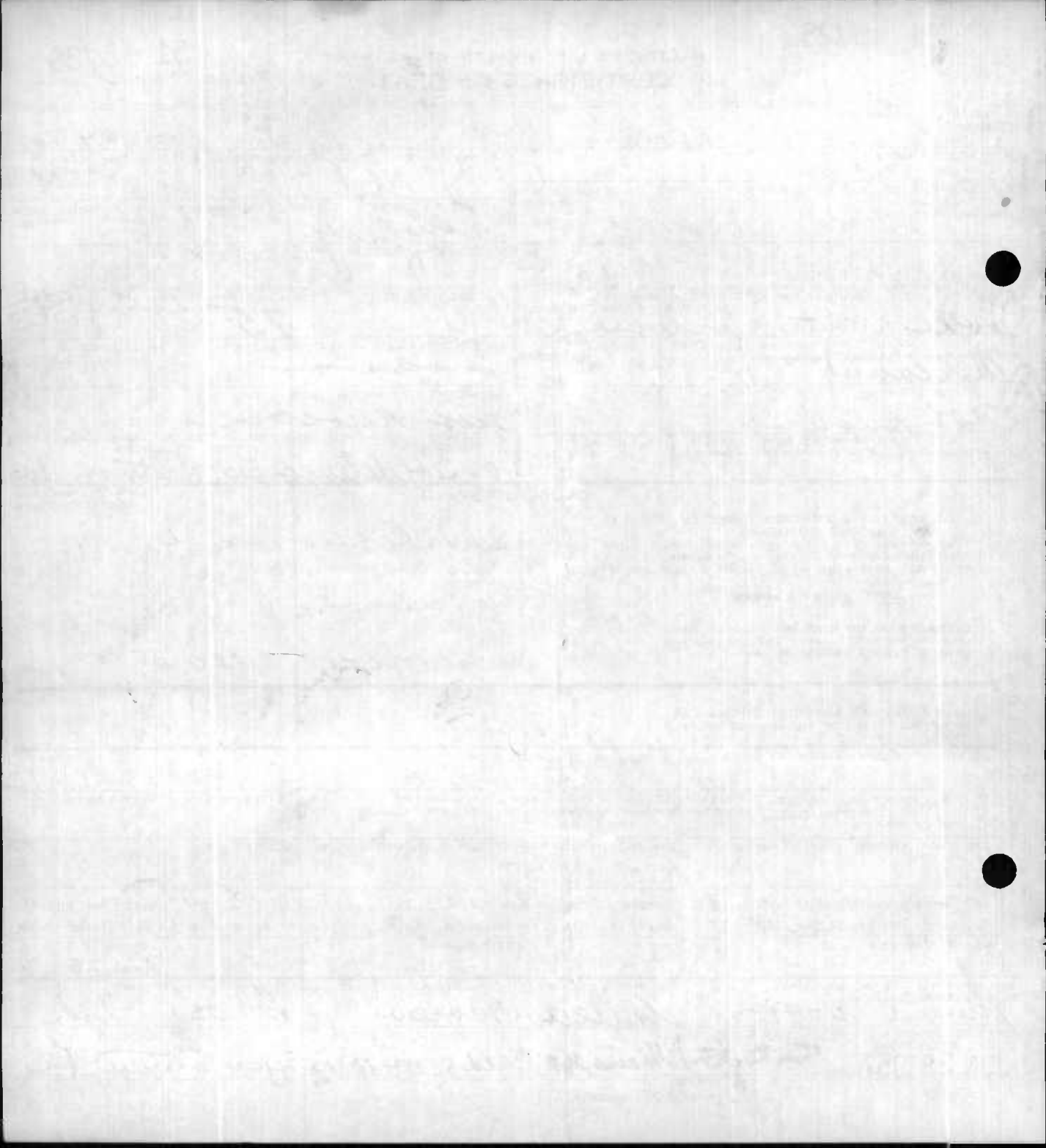
25. FUNERAL DIRECTOR

ADDRESS

JUN 29 1951

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51 5729

51 5729

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE HUDSON

2. DATE
OF
DEATH

6-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

CITY OR TOWN

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Sparrows Point

D. STREET ADDRESS (If rural, give location)

519 F Street 5300

Length of stay in Baltimore

24 yrs

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug 20-1883

9. AGE (In years last birthday)

67

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Harris

14. MOTHER'S MAIDEN NAME

Eugene Vallance

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Hudson 519 F ST.

SP. P. F.

18. 4201

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis, with infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) nephrosclerosis & uremia

DUE TO

(C) arteriosclerosis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-15-1951 to 6-28-1951 that I last saw the deceased alive on 6-27-1951 and that death occurred at 1230 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Virginia Hupp

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

6-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (city, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

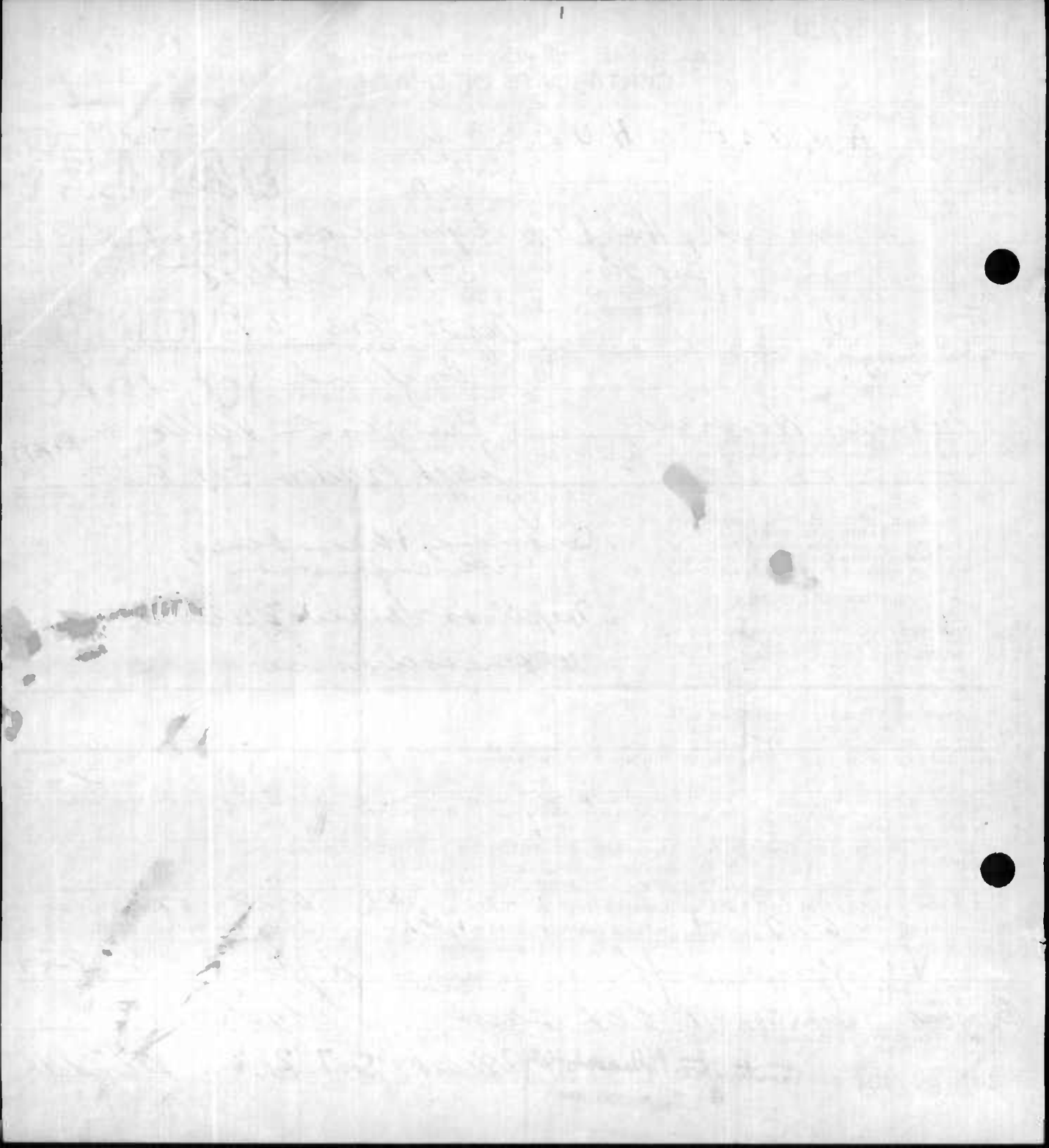
25. FUNERAL DIRECTOR

ADDRESS

JUN 29 1951

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51 5730

51 5730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>John Durkin</i>			2. DATE OF DEATH <i>June 27, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Little Sisters of the Poor</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-01</i>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>1200 Valley St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Aug 31, 1868</i>	9. AGE (In years last birthday) <i>83</i>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>John Durkin</i>			14. MOTHER'S MAIDEN NAME <i>Anne Stalins</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Little Sisters of the Poor 1200 Valley St.</i>		

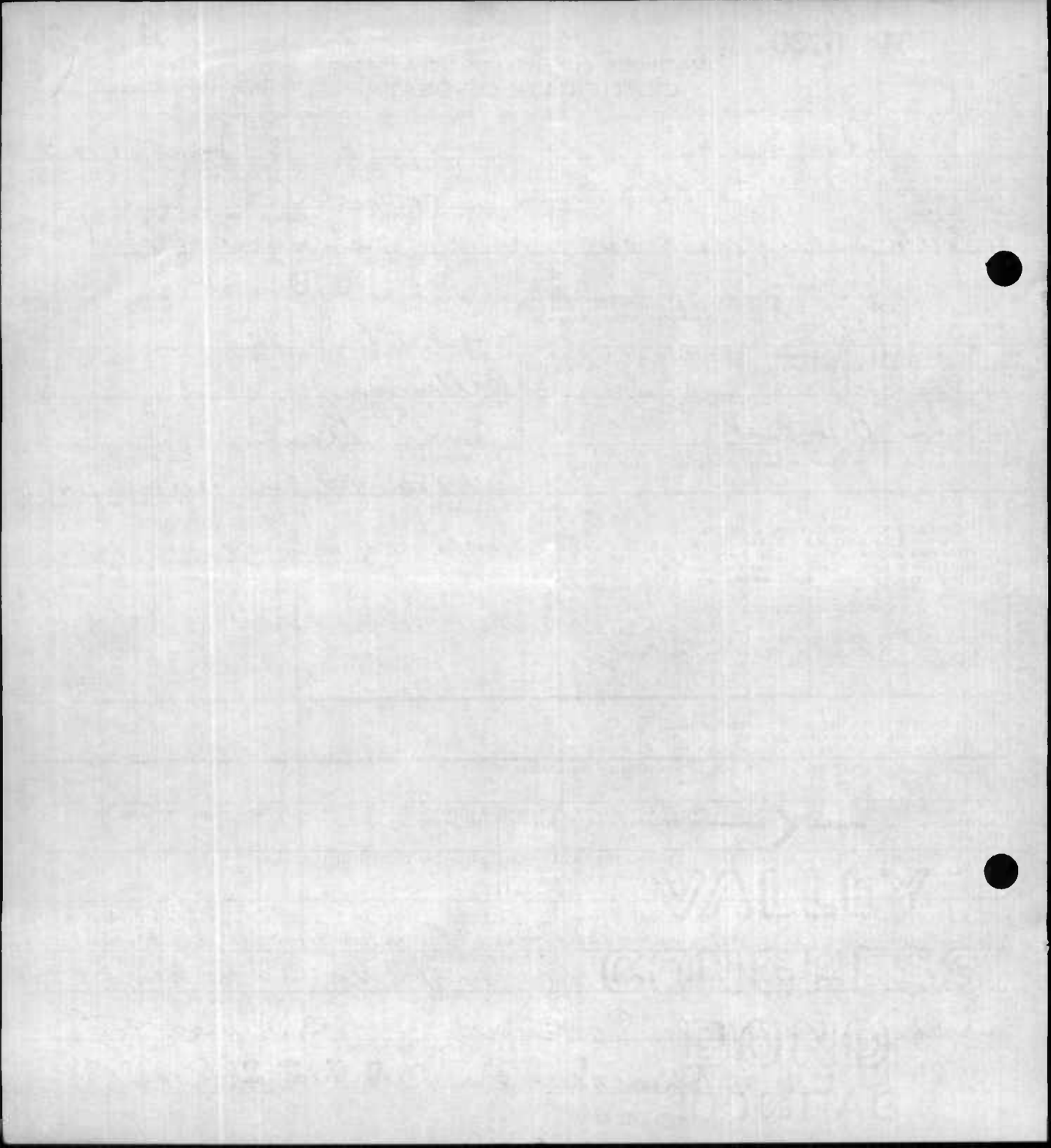
18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Arterio Sclerosis</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i> <i>5 yrs</i>
---	---	--

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 1*, 1951, to *June 27*, 1951, that I last saw the deceased alive on *June 27*, 1951, and that death occurred at *10* m., from the causes and on the date stated above.

23A. SIGNATURE *E. J. Hall M.D.* M. D. 23B. ADDRESS *1631 E. North Ave* 23C. DATE SIGNED *June 28-1951*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 30/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 29 1951</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR <i>Wiedefeld</i>	ADDRESS <i>926 Biddle St</i>



51 5731

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5731

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ADDIE HAMILTON

2. DATE
OF
DEATH

June 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Sinai Hospital, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-20

D. STREET ADDRESS (If rural, give location)

6206 Lincoln Ave.

Length of stay in Baltimore

10

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1865

9. AGE (In years
last birthday)

85

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

ISAAC LEWIS

14. MOTHER'S MAIDEN NAME

ALETTA VAN ARSDALE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or Unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

John R. Hamilton 195 W. Summit
Somerville N.J.

18. 470.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from June 23, 1951, to June 28, 1951, that I last saw the
deceased alive on June 28, 1951, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

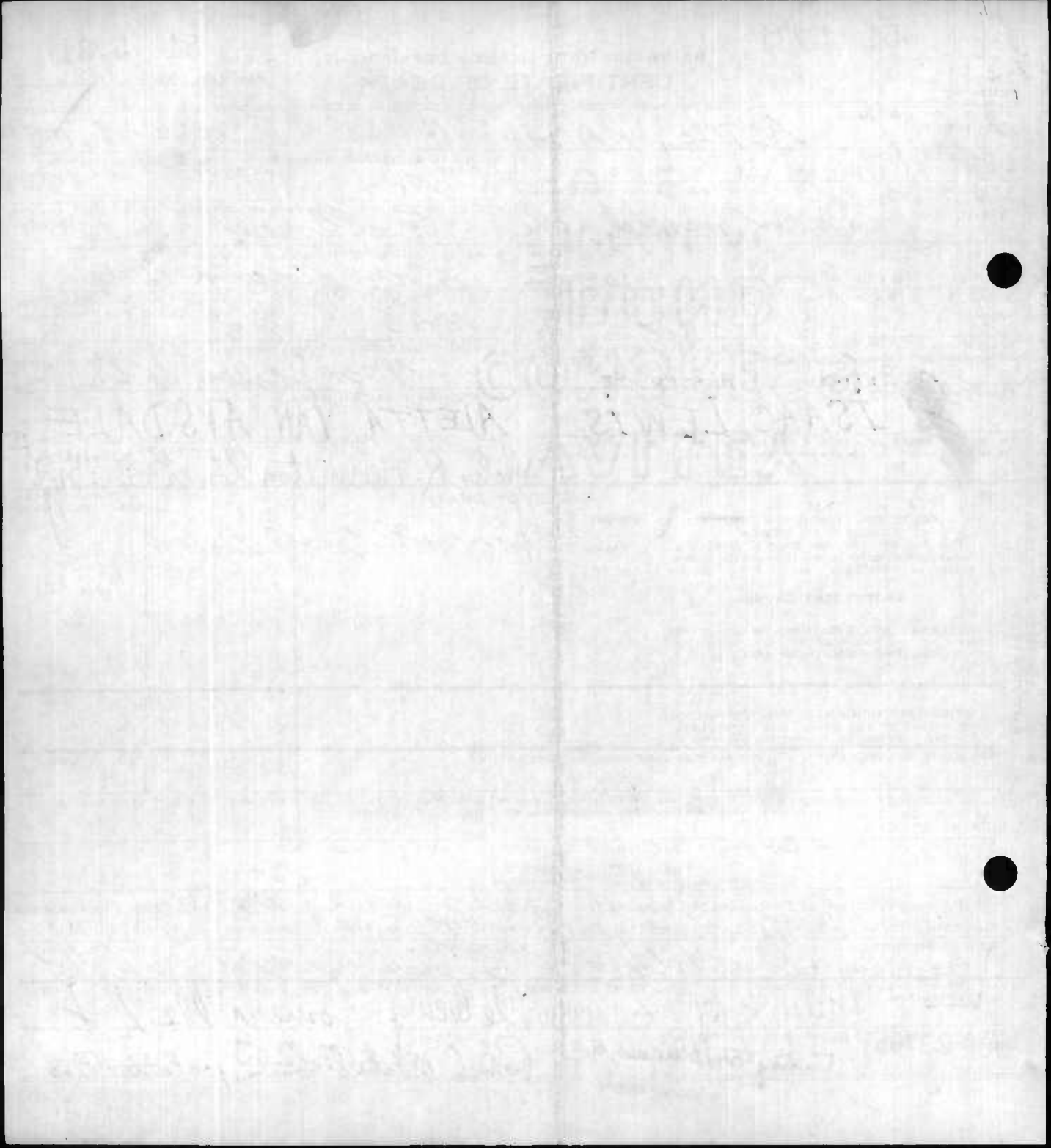
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 5732

51 5732

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) LOUISA C. OSBURN HAUGHTON 2. DATE OF DEATH JUNE 28 19513. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE md B. COUNTY Calvert5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 1700 Park AveC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 11-01

6. Length of stay in Baltimore

80Yrs. 80
Mos. 80
Days 80D. STREET ADDRESS (If rural, give location)
1004 N Calvert St5. SEX F6. COLOR OR RACE W7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Oct 2 1866

9. AGE (In years last birthday)

84

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
England12. CITIZEN OF WHAT COUNTRY
England13. FATHER'S NAME
Henry Osburne Haughton14. MOTHER'S MAIDEN NAME
Sophia R. Alricks15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Miss Maud Haughton ADDRESS Same18. F903.01

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Pneumonia (Terminal)

DUE TO

Fracture of hip (operation)

INTERVAL BETWEEN ONSET AND DEATH

3 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Fracture of hip

DUE TO

Unguarded stepping

(C) _____

CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.BRIEF OR ASST. MEDICAL EXAMINER
William W. H. H.

19A. DATE OF OPERATION

June 18th 1951

19B. MAJOR FINDINGS OF OPERATION

Open operation for fracture of hip

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☒

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

1004 N. Calvert St. Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Fracture of hip in fall in room!!! Bed and

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

June 18th 1951

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell on floor - slipped + fell to floor22. I hereby certify that I attended the deceased from June 15th, 1951, to June 28th, 1951, that I last saw the deceased alive on June 27th, 1951, and that death occurred at 10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Chatham

M. D.

23B. ADDRESS

10 E. Balto St. Balto Md

23C. DATE SIGNED

June 29/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

June 30/51

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUN 29 1951

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

H. J. Jenkins, Sons 4905 York Rd

ADDRESS

VS 150

N-820.0186a

MEDICAL CERTIFICATION

D. H. Chataud
152 Middle

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hemorrhage

DUE TO

3 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Acute monocytic leukemia

DUE TO

3 months

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17, 1951, to 6-28, 1951, that I last saw the
deceased alive on 6-28, 1951, and that death occurred at 6:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

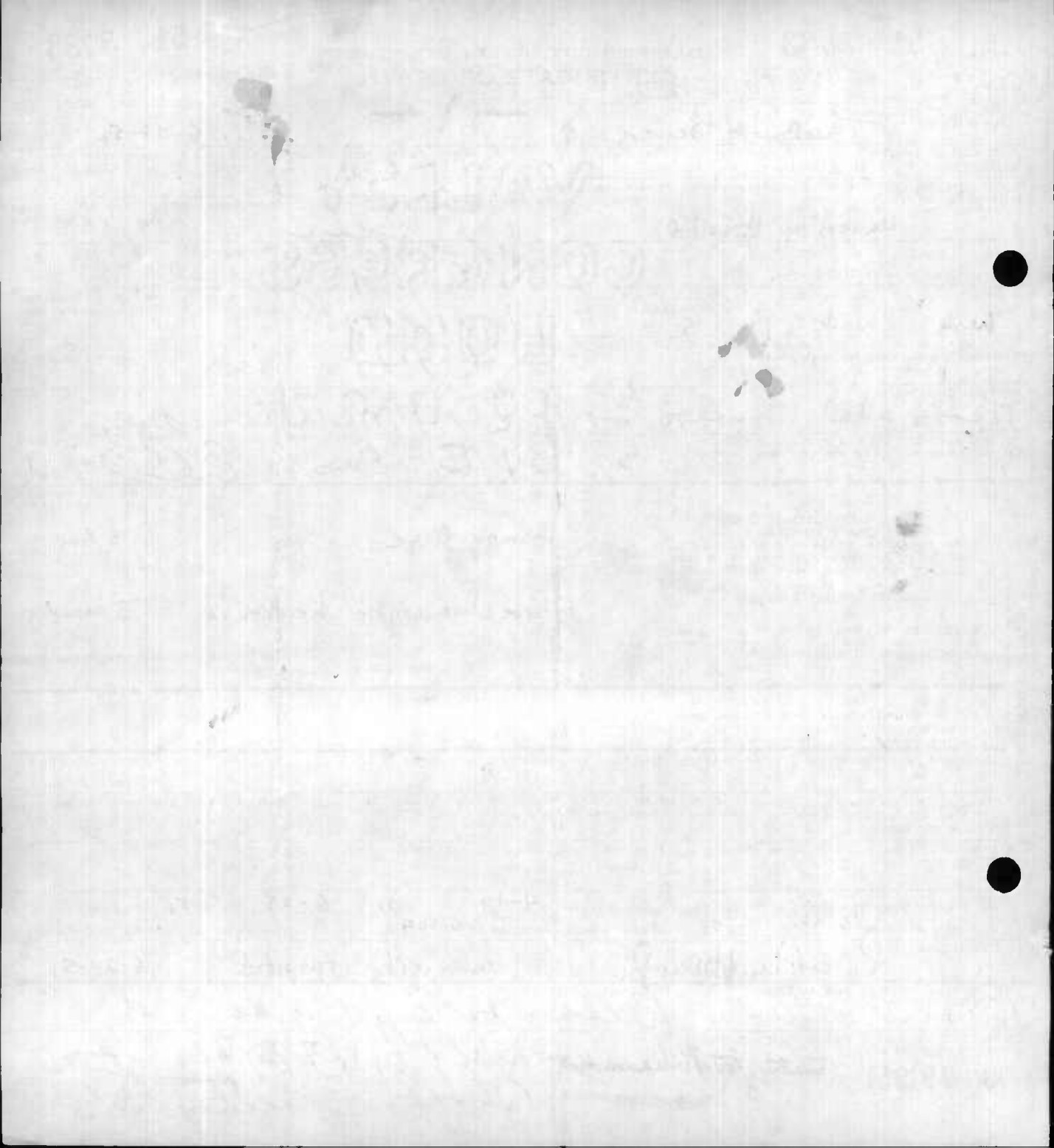
25. FUNERAL DIRECTOR

ADDRESS

JUN 29 1951

VS 150

74a



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Samuel Arthur Hamilton		June 27, 1951	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
A. Baltimore City, Maryland		A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		B. COUNTY	
HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
506 W. 27th Street		Baltimore 12-07	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
56 years		506 W. 27th Street	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	White	Married	April 20, 1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
Plumber		Maryland	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Alexander W. Hamilton		Mary L. Stevens	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
no		212-22-8586	
17. INFORMANT		ADDRESS	
Mary R. Hamilton		506 W. 27th St. Balto. Md.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
163X I		Carcinoma of left lung	
DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		4 months	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
4-5-51		Carcinoma of left lung.	
20. AUTOPSY?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 19 to 6-27-1951, that I last saw the deceased alive on 6-27-1951, and that death occurred at 10:55 p.m., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
Robert V. Chervak		1114 St Paul St	
23C. DATE SIGNED			
6/28/51			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		June 30, 1951	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Cathedral Cemetery		Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
JUN 29 1951		Wm. H. Williams, Jr.	
25. FUNERAL DIRECTOR		ADDRESS	
Burgee Funeral Home		3631 Falls Rd. Balto. Md.	
VS 150		Horace Burgee Jr. 477	

Dr. Rakti Chhounth
1114 St Paul VE 339

51 5735

51 5735

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Edna A. Burgess

2. DATE
OF
DEATH

6-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission

A. STATE

Maryland

B. COUNTY

-

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-48

O. STREET ADDRESS (If rural, give location)

505 Northern Pkwy

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

O

8. DATE OF BIRTH

Jan. 28, 1891

9. AGE (in years)

60

10. Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bookkeeper

10B. KIND OF BUSINESS OR INDUSTRY

Paper Co.

13. FATHER'S NAME

John L. Burgess

(M)

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Mary E. Porter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

220-03-8655

17. INFORMANT

ADDRESS

Mrs. Edith B. Sanner - 505 Northern Pkwy.

18. 289.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Generalized Amyloidosis

3

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardiovascular Disease

? years

19A. DATE OF OPERATION

June 13, 1951

19B. MAJOR FINDINGS OF OPERATION

Liver biopsy - amyloidosis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1951, to June 28, 1951, that I last saw the deceased alive on June 28, 1951, and that death occurred at 3:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Edith S. Nelson

M. D.

23B. ADDRESS

Baltimore, Maryland

23C. DATE SIGNED

June 28, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/30/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Lickens & Sons

ADDRESS

125 B Balto Md.

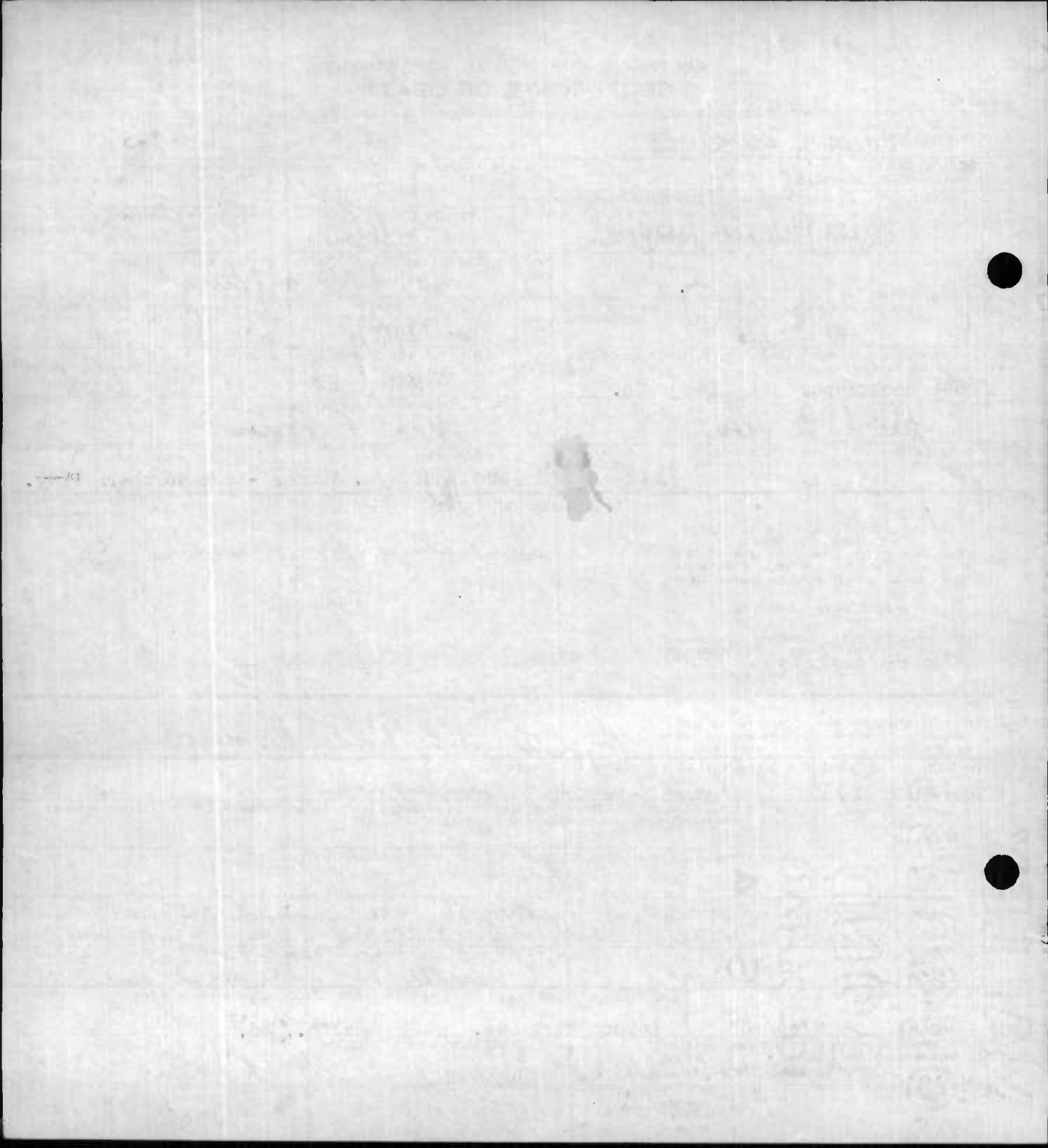
JUN 29 1951

VS 150

310 4J

MEDICAL CERTIFICATION

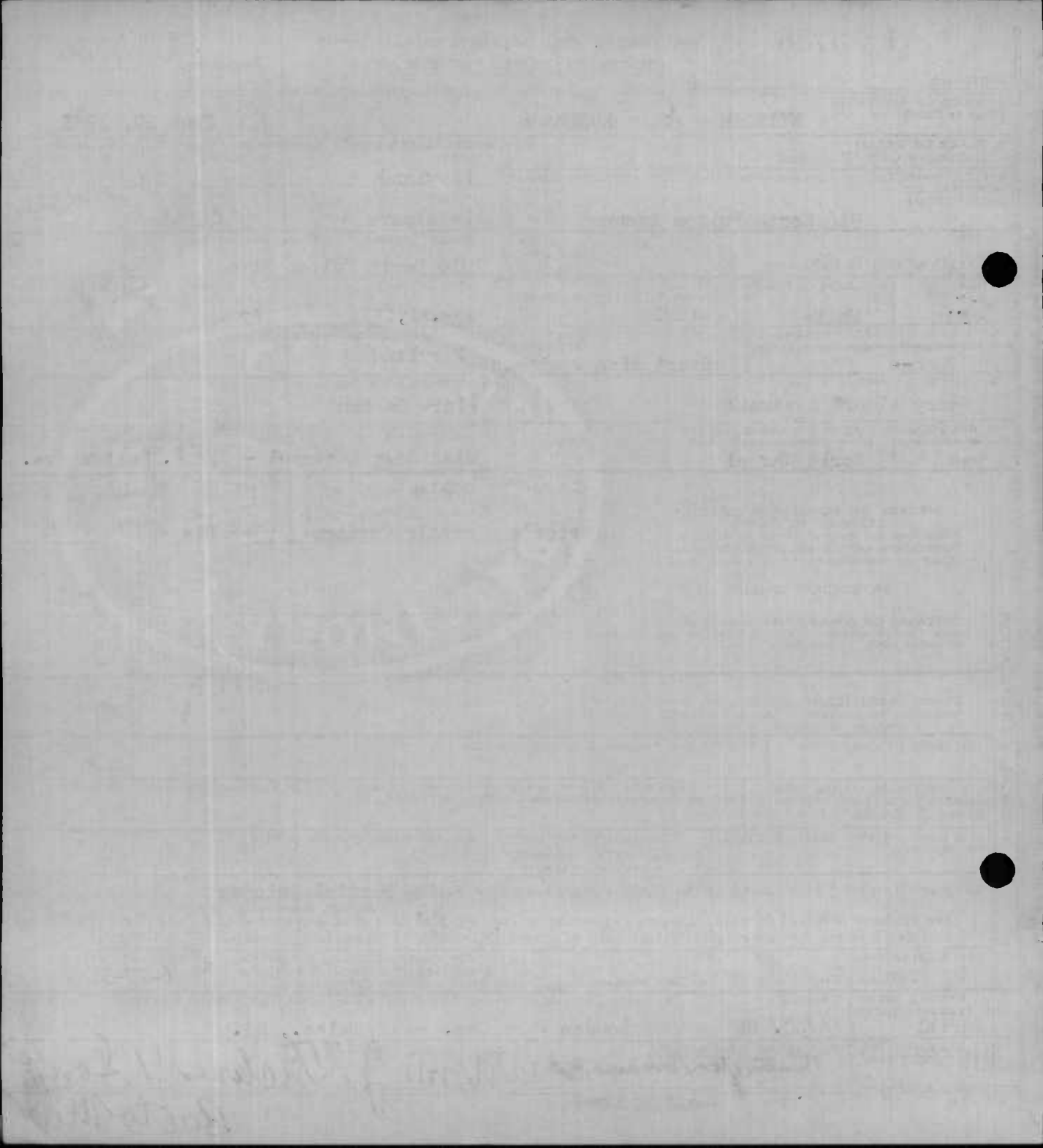
Correct age is especially important. Infants - please write the cause of death clearly and legibly.



254 51 5736
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5736

1. NAME OF DECEASED (Type or Print) WILLIAM F. KUSSMAUL		2. DATE OF DEATH June 27, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 16-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION 916 North Fulton Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. 16-04 Mos. 16-04 Days 16-04		D. STREET ADDRESS (If rural, give location) 916 North Fulton Street Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Aug. 21, 1888
9. AGE (In years last birthday) 62		10. BIRTHPLACE (State or foreign country) Maryland	11. CITIZEN OF WHAT COUNTRY? Maryland
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10B. KIND OF BUSINESS OR INDUSTRY Advertising Business	
13. FATHER'S NAME Henry Albert Kussmaul		14. MOTHER'S MAIDEN NAME Flora Carson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. World War #1	
17. INFORMANT Miss Rose Kussmaul - 916 N. Fulton Ave.		ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO			
19A. DATE OF OPERATION 4-22-51			
19B. MAJOR FINDINGS OF OPERATION Arteriosclerotic Cardiovascular Disease			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
23A. SIGNATURE Stanley B. Dumlacher		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	
23C. DATE SIGNED 6-27-51		23D. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/30/51	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY JUN 29 1951		REGISTRAR'S SIGNATURE Wm. G. Dickerson & Sons	
V-8 151		25. FUNERAL DIRECTOR Wm. G. Dickerson & Sons	
ADDRESS		ADDRESS 937 Balto Md.	



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

520 51 5737

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) UPSHUR YOUNG		2. DATE OF DEATH 6-29-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE VIRGINIA B. COUNTY V-43	
B. FULL NAME OF HOSPITAL OR INSTITUTION MARYLAND GENERAL HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BLOXOM	
Length of stay in Baltimore 7 Days		D. STREET ADDRESS (If rural, give location)	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH June 19, 1900
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Retired		10B. KIND OF BUSINESS OR INDUSTRY Ferry Boat	9. AGE (In years; last birthday) 51
13. FATHER'S NAME Jesse Young		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Julia Young	
17. INFORMANT J. RICHARD JOHNSON		ADDRESS PARKSLEY, VA	

18. 337 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CEREBRAL THROMBOSIS DUE TO	INTERVAL BETWEEN ONSET AND DEATH 8 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 6-27-51	19B. MAJOR FINDINGS OF OPERATION DILATED VENTRICLES	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

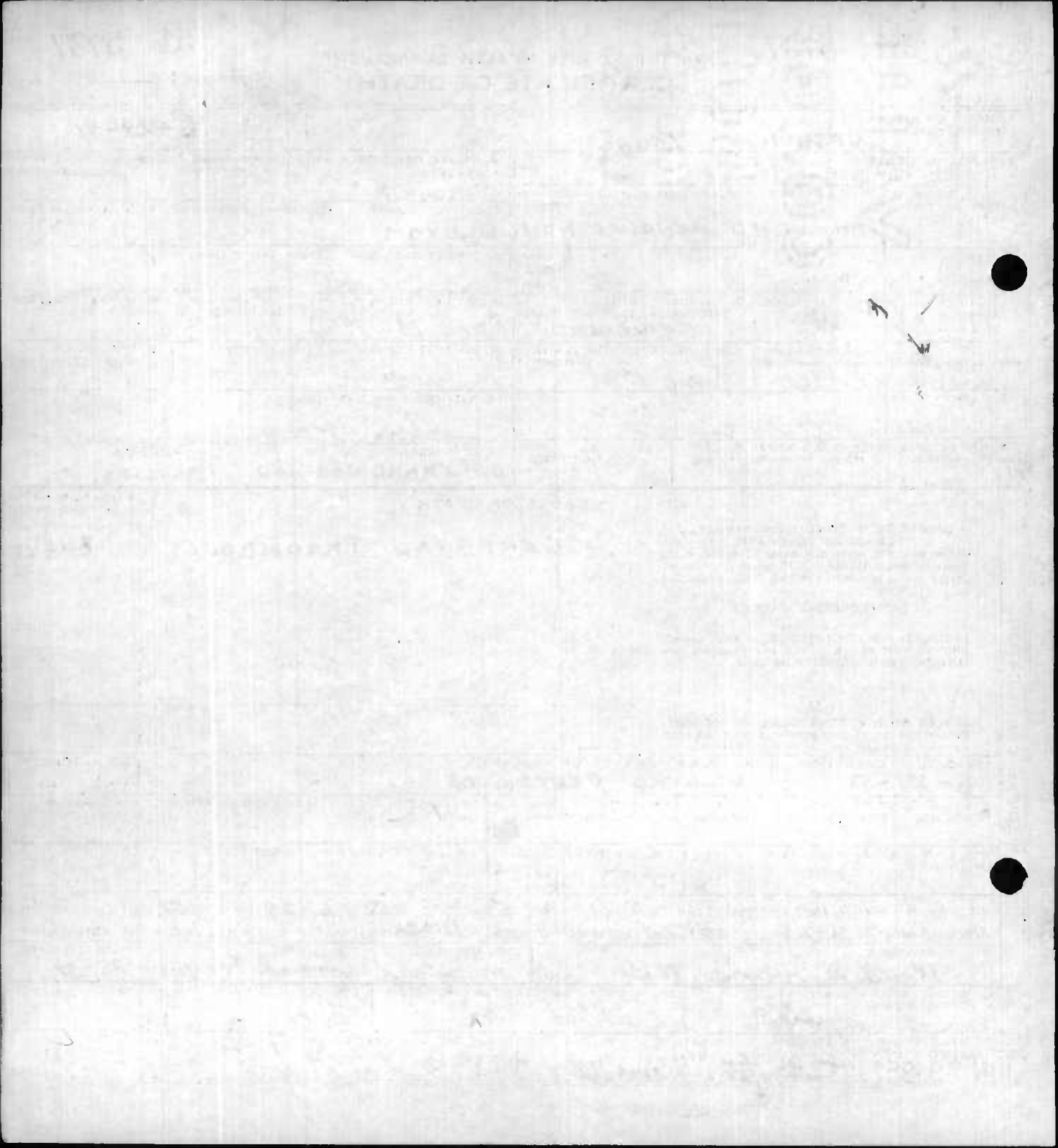
22. I hereby certify that I attended the deceased from **6-22**, 19**51**, to **6-29**, 19**51**, that I last saw the deceased alive on **6-28**, 19**51**, and that death occurred at **12:05 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE
Paul S. Harold, M.D.
M. D. **Maryland General Hosp.**
23B. ADDRESS
6-29-51
23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 3, 1951	24C. NAME OF CEMETERY OR CREMATORY Guilford Church	24D. LOCATION (City, town, or county) (State) Bloxom, Va.
DATE RECEIVED BY LOCAL REGISTRAR JUN 29 1951		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	25. FUNERAL DIRECTOR J. V. Mitchell & Sons ADDRESS 1900 Eutaw Place

97055

83B



51 5738

51 5738

BEA-149778

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel Reid

2. DATE
OF
DEATH

June 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1526 Carswell Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11-7-67

9. AGE (in years
last birthday)

83

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18.

146X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Carcinoma Naso-Pharynx

INTERVAL BETWEEN
ONSET AND DEATH

Unknown

(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26, 1951, to 6-28, 1951, that I last saw the deceased alive on 6-28, 1951, and that death occurred at 3:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

6-28-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6-30-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 29 1951

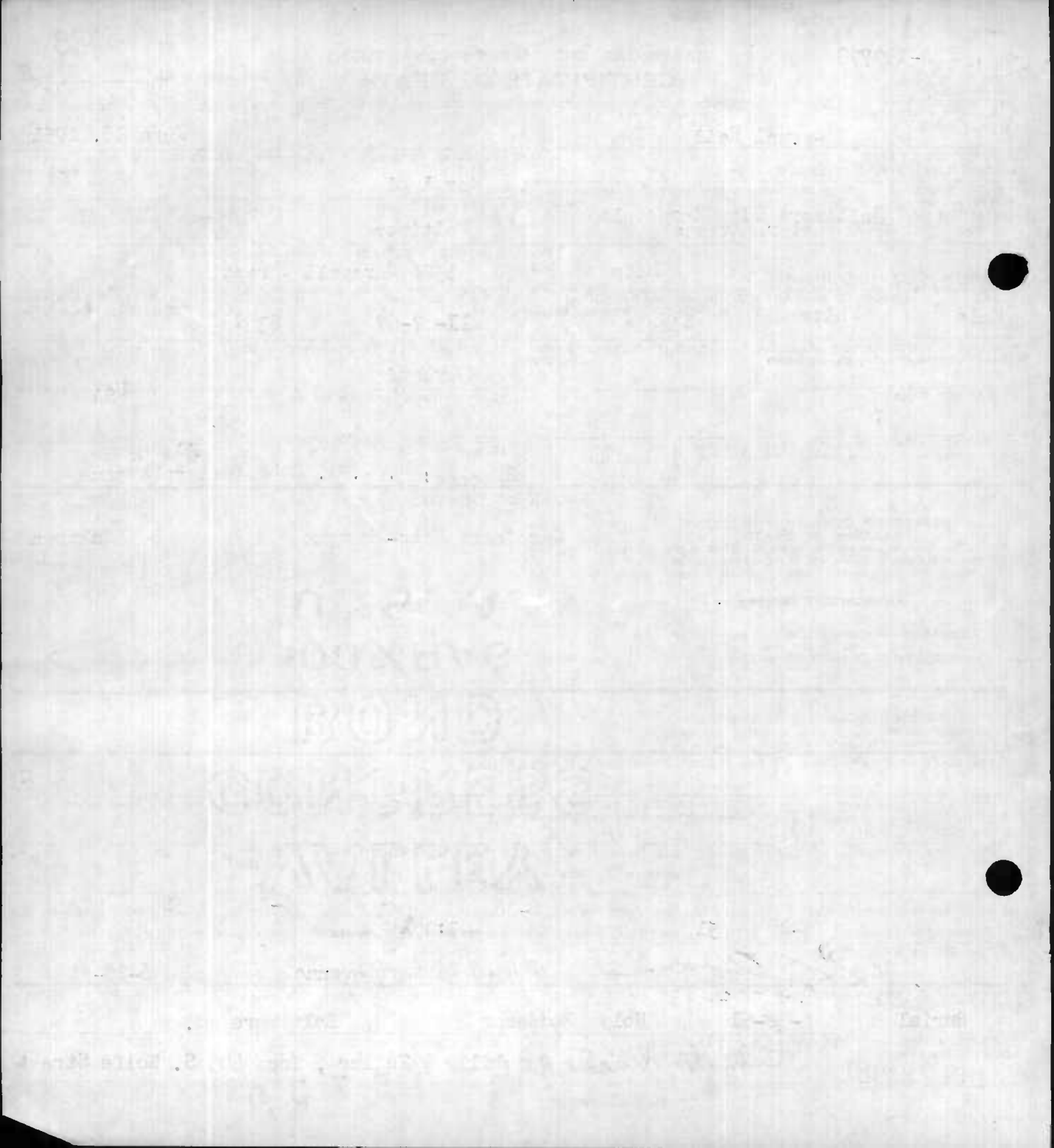
Baltimore, Md. Billy & Zeiler, Inc/ 403 S. Wolfe Street

VS 150

5730

45F

MEDICAL CERTIFICATION



51 5739

51 5739

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

R.

1. NAME OF DECEASED
(Type or Print)

ELLA FITZGERALD

2. DATE
OF
DEATH

6-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Univ. Hosp

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore 27-05

D. STREET ADDRESS (If rural, give location)

3007 Northern Parkway

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Feb. 22, 1871

9. AGE (In years
last birthday)

80

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Patrick O'Brien

14. MOTHER'S MAIDEN NAME

Regina

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Melvin Fitzgerald 4600 Crabtree

18. 422.1 and 0123

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Art. scler. C. V. D.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

The arthritis

19A. DATE OF OPERATION

6-20

19B. MAJOR FINDINGS OF OPERATION

Tuberculous joint - biopsy at op.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-16-51, 19 to 6-28-51, 19, that I last saw the
deceased alive on 6-28, 1951, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. Banman

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

6-28-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7-2-51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

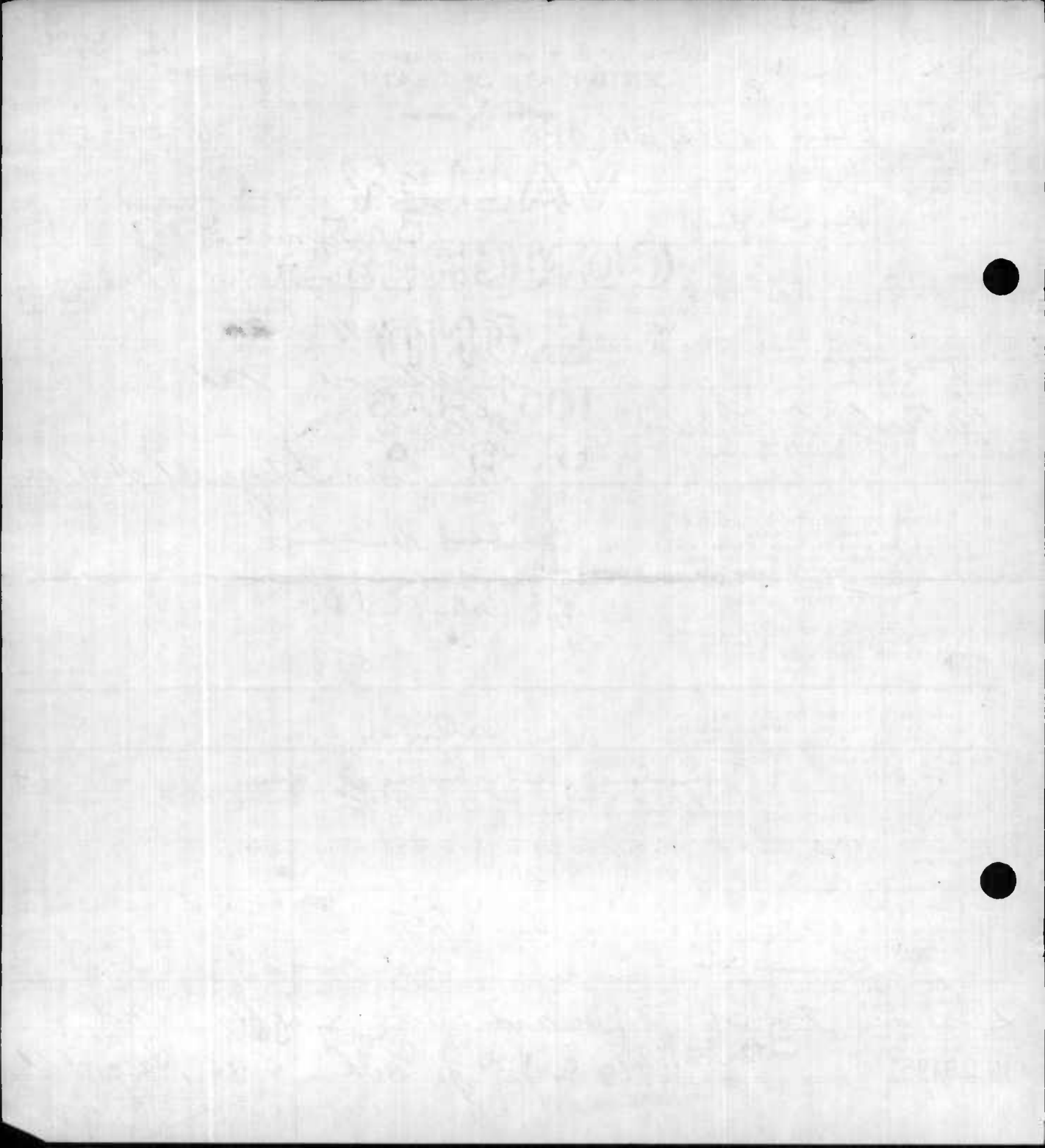
JUN 29 1951

25. FUNERAL DIRECTOR

L. J. Ruck

ADDRESS

5305 Hayford Rd.



51 5740
424BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51515 5740

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Scholgel, Eleanor (Eleanor Schloegel)

2. DATE
OF
DEATH

6/27/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

28-41

D. STREET ADDRESS (If rural, give location)

4308 Liberty Heights Ave.

Length of stay in Baltimore probably Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

about 1869

9. AGE (In years
last birthday)

abt 82

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Rev. Carl W. Schloegel

14. MOTHER'S MAIDEN NAME

Christianna Fleckenstein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mr. Harry E. Karr, Fidelity Bldg., Balto., Md.

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebro-vascular accident

DUE TO

ANTECEDENT CAUSES

(B)

Hypertensive heart dis.

DUE TO

(C)

Bronchopneumonia

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6. 22, 1951, to 6. 27, 1951, that I last saw the
deceased alive on 6. 27, 1951, and that death occurred at 11 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

June-30-1951

London Park Cemetery

Baltimore, Maryland.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

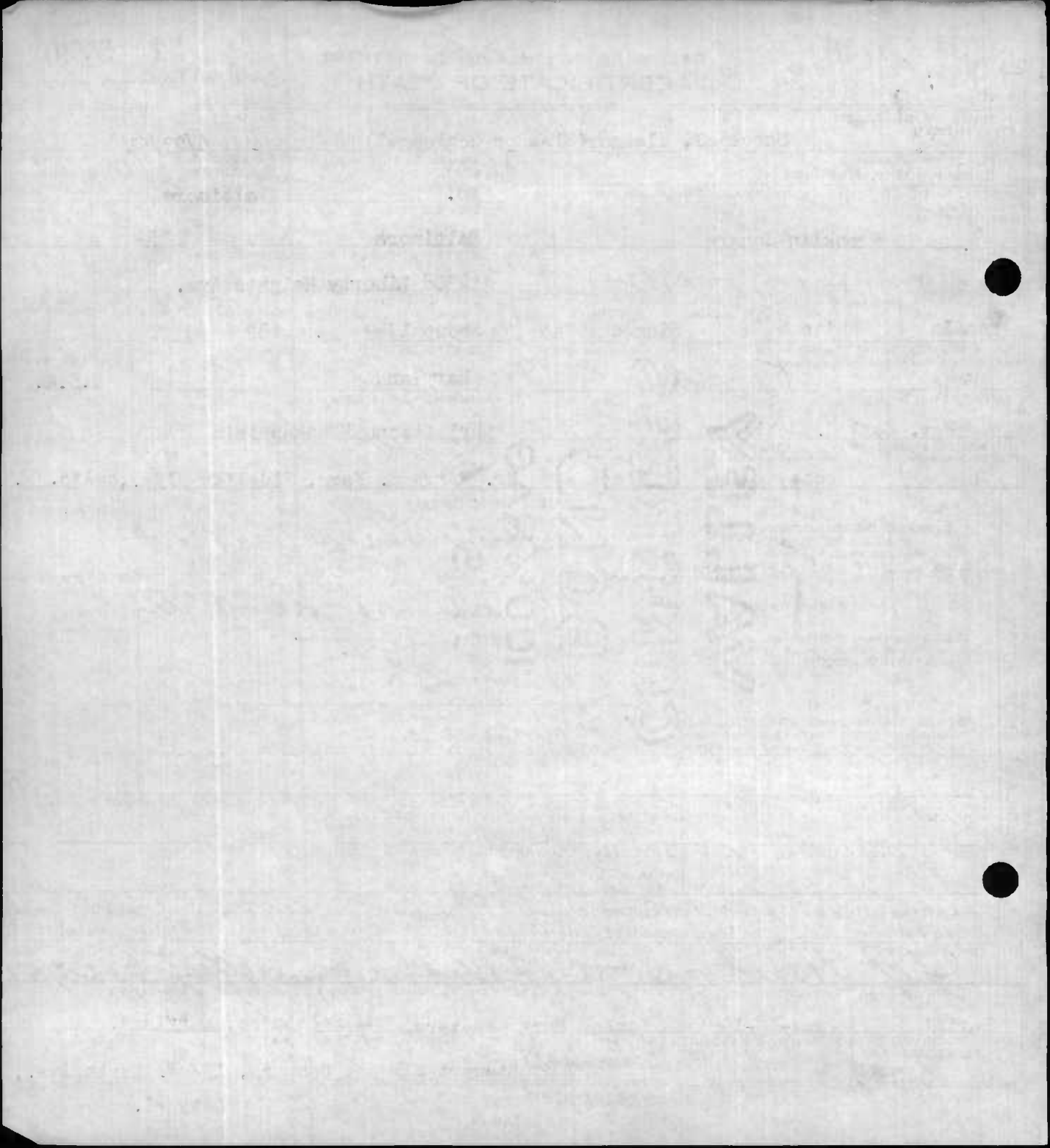
Stewart & Mowen Company, 108 W. North Ave.,

VS 150

City #1.

93D

correct age is especially important. Physicians, please write the causes of death clearly and legibly.



650 51 5741

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5741

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sophie GREEN

2. DATE
OF
DEATH

JUNE 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution - residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

5723 NARCISSUS AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

27-19

C. Length of stay in Baltimore

28

Yrs.
Mos.
Wks.

D. STREET ADDRESS (If rural, give location)

5723 NARCISSUS AVE

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years last birthday)

28

11 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

SAMUEL

14. MOTHER'S MAIDEN NAME

ANN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

LOUIS GREEN-3306 STRATHMORE AVE

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage 24 hrs
Terminal

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

General Intermed. Decease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 8, 1951, June 29, 1951, that I last saw the deceased alive on June 29, 1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

6/29/1951

Rosedale

Baltimore

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 29 1951

L. Williams, Jr.

Frank Lewis Inc - 2100 Eutan Pl.

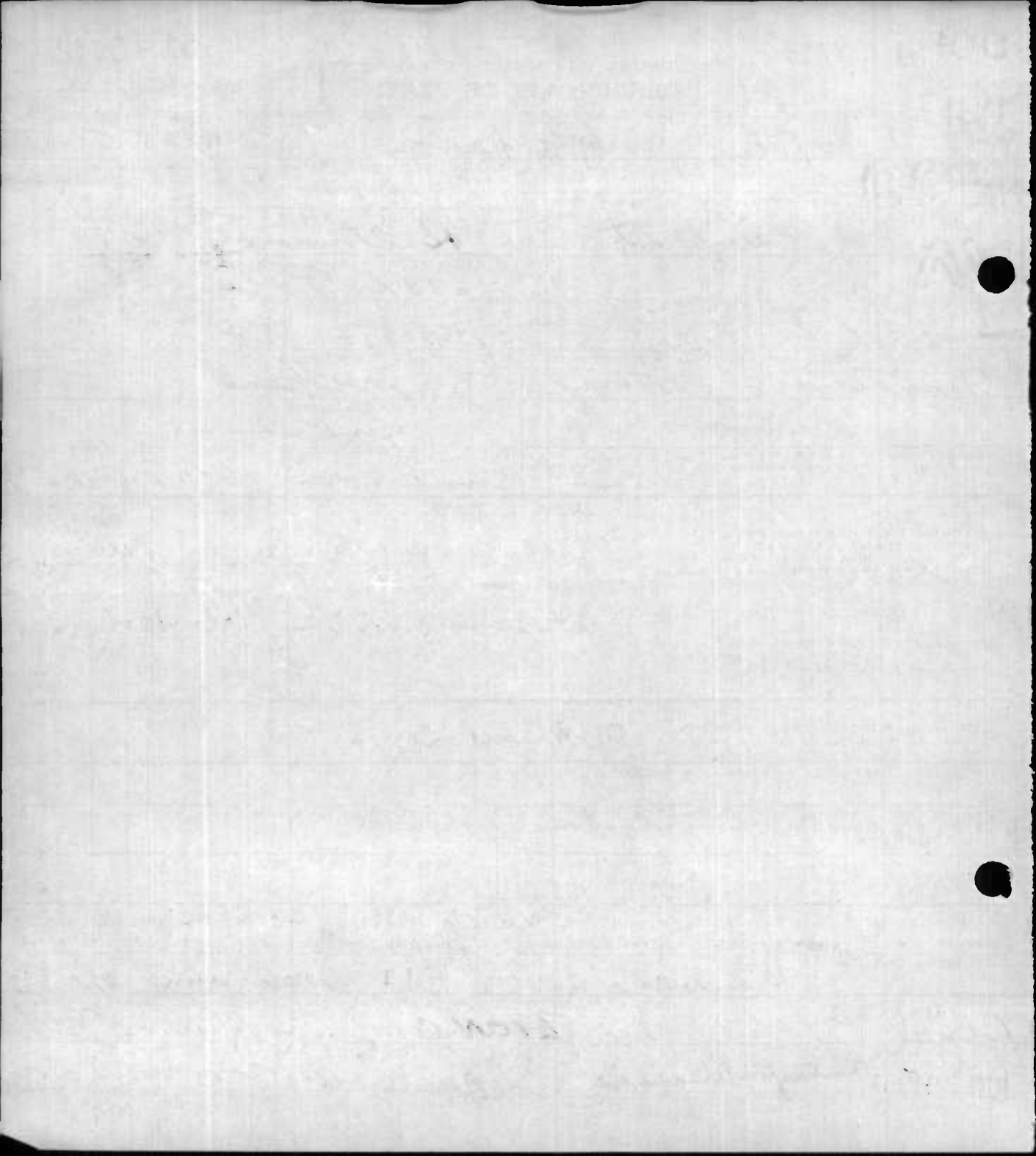
1219 Poplar Grove
Or Trehan

026
51 5742BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5742

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Viola Parker</i>		2. DATE OF DEATH <i>6/28/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>02</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>27 N. Carey St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 22</i>			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>610 S. Paca St.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Cal</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>3/15/1893</i>	9. AGE (In years last birthday) <i>58</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or on if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
13. FATHER'S NAME <i>Unknown</i>		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>None</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Susie Norris 610 S. Paca St.</i>	
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cerebral hemorrhage</i> DUE TO (B) <i>Anterior C.V.D. & hypertension</i> DUE TO (C) <i>Death</i> INTERVAL BETWEEN ONSET AND DEATH <i>many</i>					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Death</i>					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March</i> , 19 <i>51</i> to <i>June 26</i> , 19 <i>51</i> ; that I last saw the deceased alive on <i>June 26</i> , 19 <i>51</i> , and that death occurred at <i>2:00 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>W. Weinberger</i>		23B. ADDRESS <i>312 Brooklyn Lane</i>		23C. DATE SIGNED <i>6/29/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7/2/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Zion Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		24E. NAME OF FUNERAL DIRECTOR <i>Charles A. Rice</i>		24F. ADDRESS <i>661 W. Barr</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 29 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR'S ADDRESS <i>661 W. Barr</i>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 5743

BIRTH NO. 5743

1. NAME OF DECEASED (Type or Print) <u>James Allen Hambury</u>			2. DATE OF DEATH <u>June 29 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore, Md</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>2801 W. Mosher St.</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>2801 W. Mosher St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore, Md</u>		
C. Length of stay in Baltimore <u>50 years</u>			D. STREET ADDRESS (If rural, give location) <u>2801 W. Mosher St.</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1-1-1861</u>	9. AGE (In years last birthday) <u>90 years</u>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carmen, B. and O.</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>railroad (Retired)</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Wm. Thomas Hambury</u>			14. MOTHER'S MAIDEN NAME <u>Jane Evans</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT ADDRESS <u>Mrs. Eva S. Hambury 2801 W. Mosher</u>		

18. <u>493X</u> I		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <u>Terminal pneumonia</u> DUE TO	<u>sev. days</u>
ANTECEDENT CAUSES		(B) <u>Exhaustion</u> DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <u>Old Age.</u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>none</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>no</u>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-10-51</u> , 19 <u>51</u> , to <u>June 29</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-22-51</u> , 19 <u>51</u> and that death occurred at <u>145 A m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Shirley C. Blake</u>		23B. ADDRESS <u>422 Med. Arts Bldg.</u>		23C. DATE SIGNED <u>6-22-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>7/2/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore Md.</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 29 1951</u>	REGISTRAR'S SIGNATURE <u>Wm. T. Stansbury</u>	25. FUNERAL DIRECTOR ADDRESS <u>John T. Stansbury 2700 Edmondson Av.</u>			

DEPARTMENT OF HEALTH

RECEIVED

1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 5744 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Girl

Harris

2. DATE

OF

DEATH June 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

The Johns Hopkins Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6-19-51

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11 25

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Sedrick

14. MOTHER'S MAIDEN NAME

Lillie Mae Harris (553280)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18.

776X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Immaturity

DUE TO

ANTECEDENT CAUSES

(B)

Premature labor

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 6-19, 1951, to 6-19, 1951 that I last saw the
deceased alive on 6-19, 1951 and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

George W. Corner, Jr.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

6-22-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

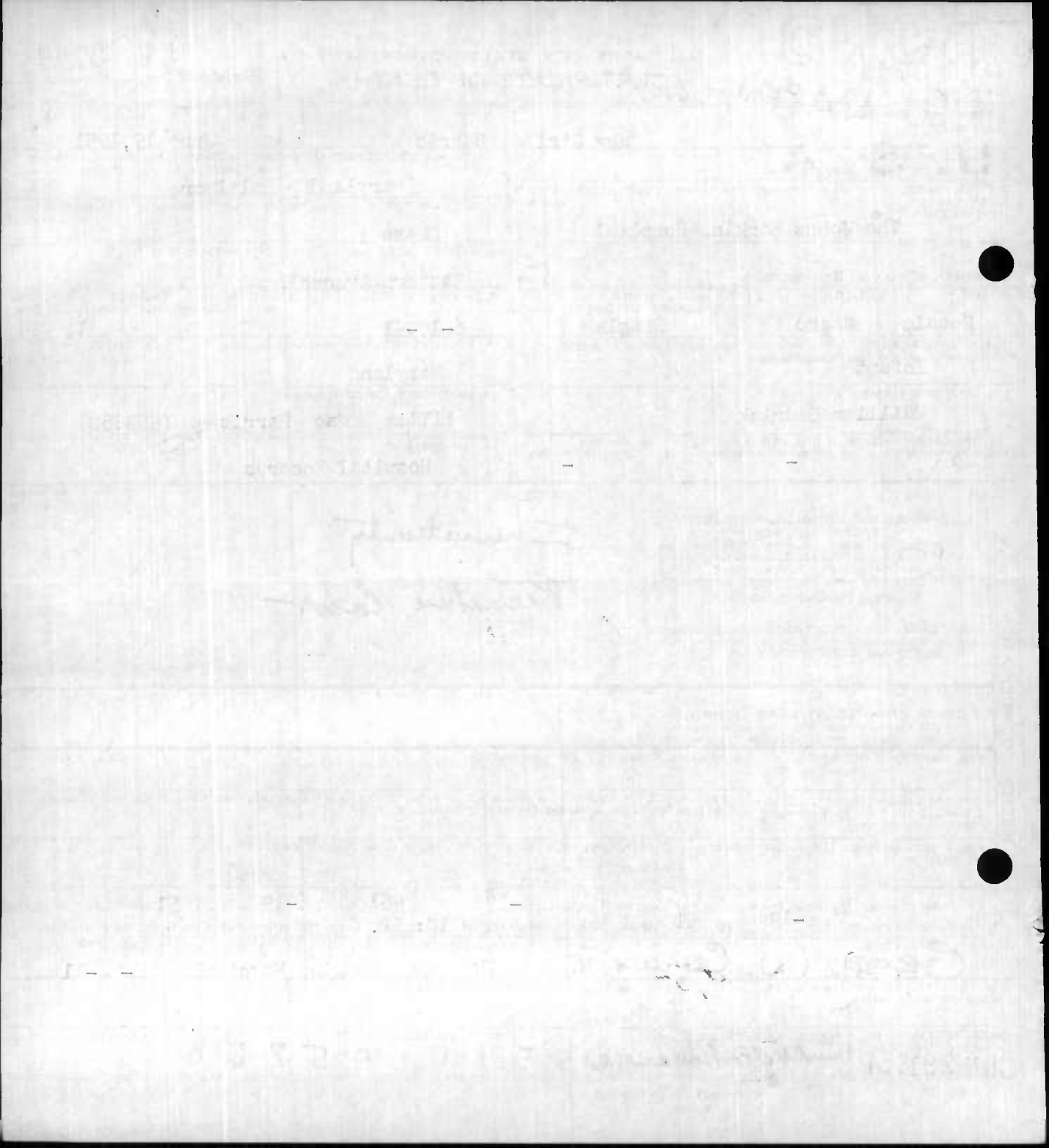
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 29 1951

Huntington Williams, 9510005736



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

51 5745

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Baby Boy Wright

2. DATE OF DEATH

June 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland** B. COUNTY **Baltimore**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

White Hall

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6-22-51

9. AGE (In years last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

8 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

Margaret Rothamel (447376)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Hospital Records

ADDRESS

18. **776X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Immaturity**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Premature Labor**

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **6-22**, 19 **51** to **6-23**, 19 **51**, that I last saw the deceased alive on **6-23**, 19 **51** and that death occurred at **12:15 A.** from the causes and on the date stated above.

23A. SIGNATURE

George W. Corner Jr.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

6-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

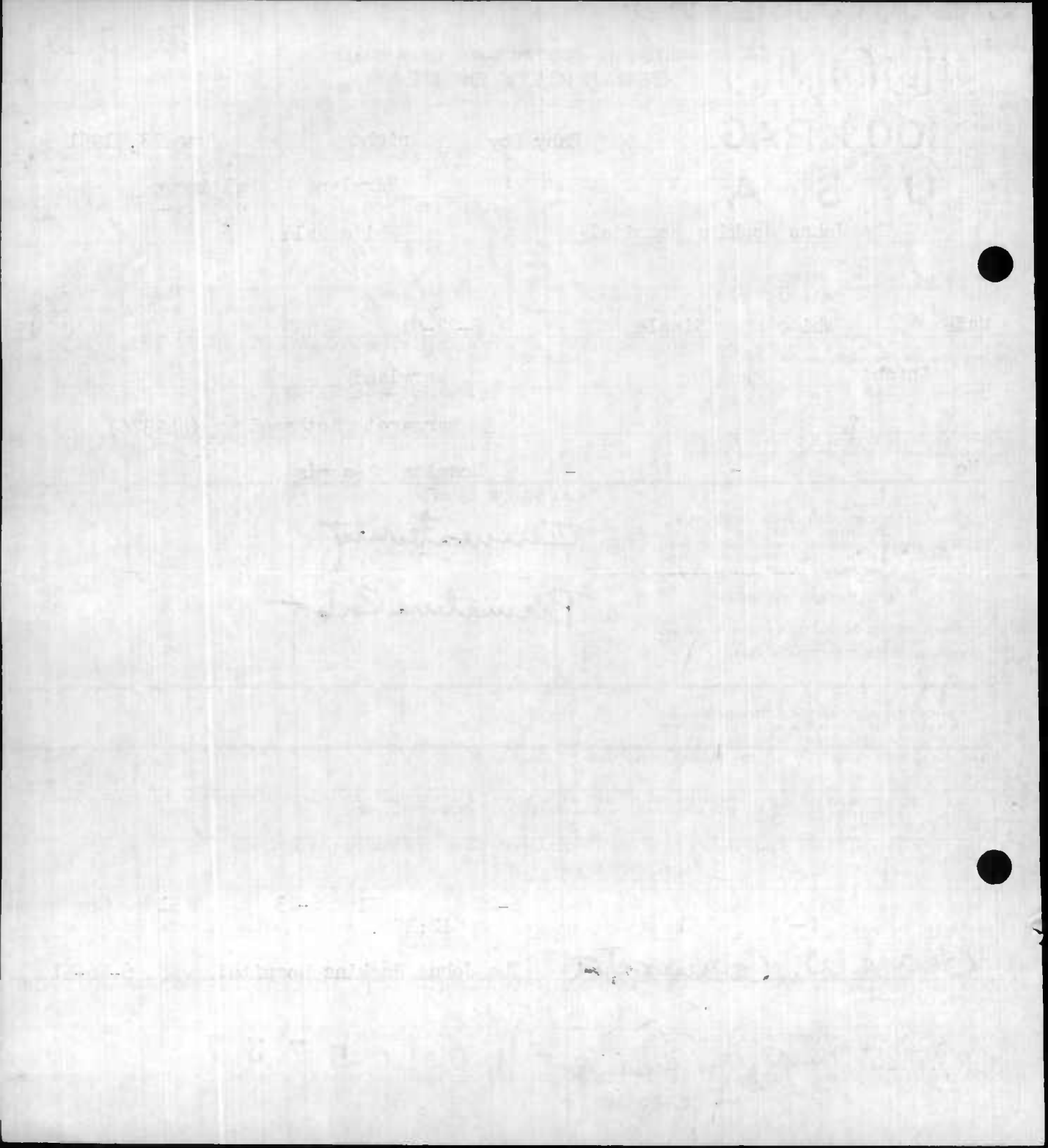
25. FUNERAL DIRECTOR

ADDRESS

JUN 29 1951

Wilmington Williams

5 1 0 0 0 5 7 3 7



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5746

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Girl Martin-Kate

2. DATE
OF
DEATH

June 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1214 Argyle Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 24, 1951

9. AGE (In years last birthday)

If Under 1 Year Months Days
If Under 24 Hours Hours Min.
10 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

Kate Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Records: B. C. H. 4940 Eastern Avenue

18. CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity

10 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Foetal Atelectasis

10 hours

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-24, 1951, to 6-24, 1951, that I last saw the deceased alive on 6-24, 1951, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

24A. BURIAL, CREMATION, REMOVAL (Specify)
Cremation

24B. DATE

6/28/51

24C. NAME OF CEMETERY OR CREMATORY

B. C. H. Crematory

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

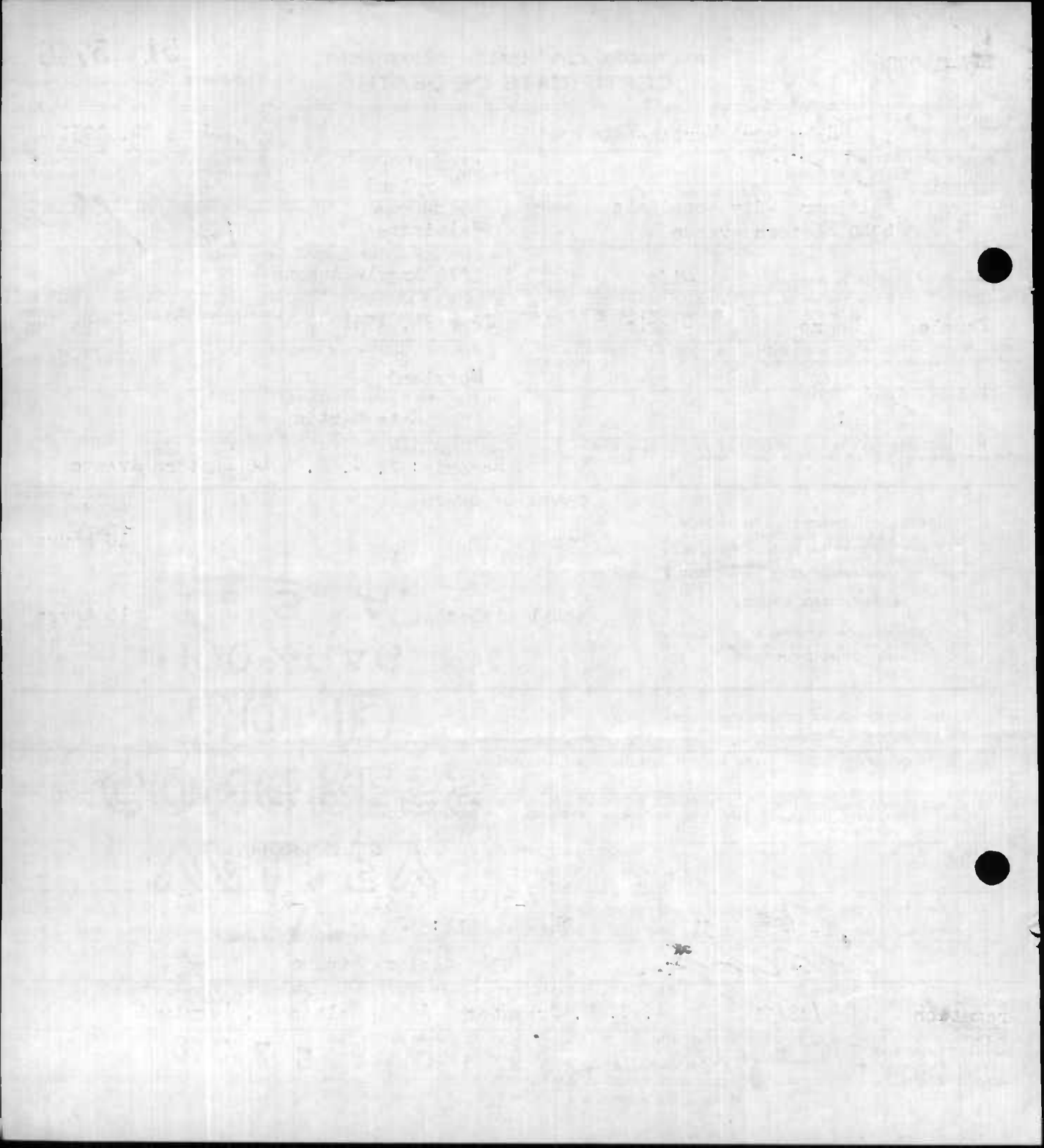
25. FUNERAL DIRECTOR

ADDRESS

JUN 29 1951

Thurston Williams, M.D.

510005730



534
BLM-149667

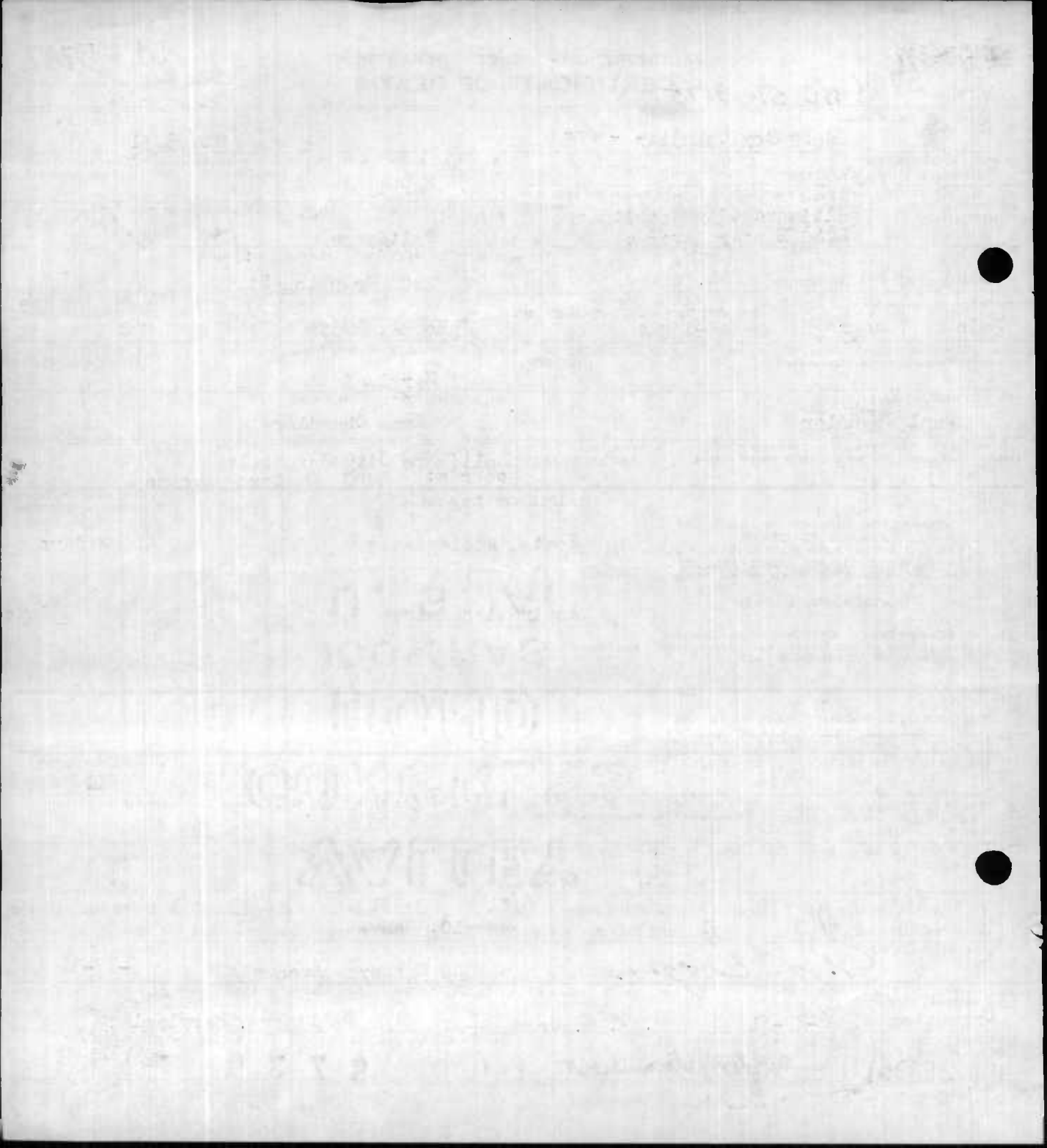
BALTIMORE CITY HEALTH DEPARTMENT

51 5747

51 5747
BIRTH NO.BC 51-13815
CERTIFICATE OF DEATH

Registered No.

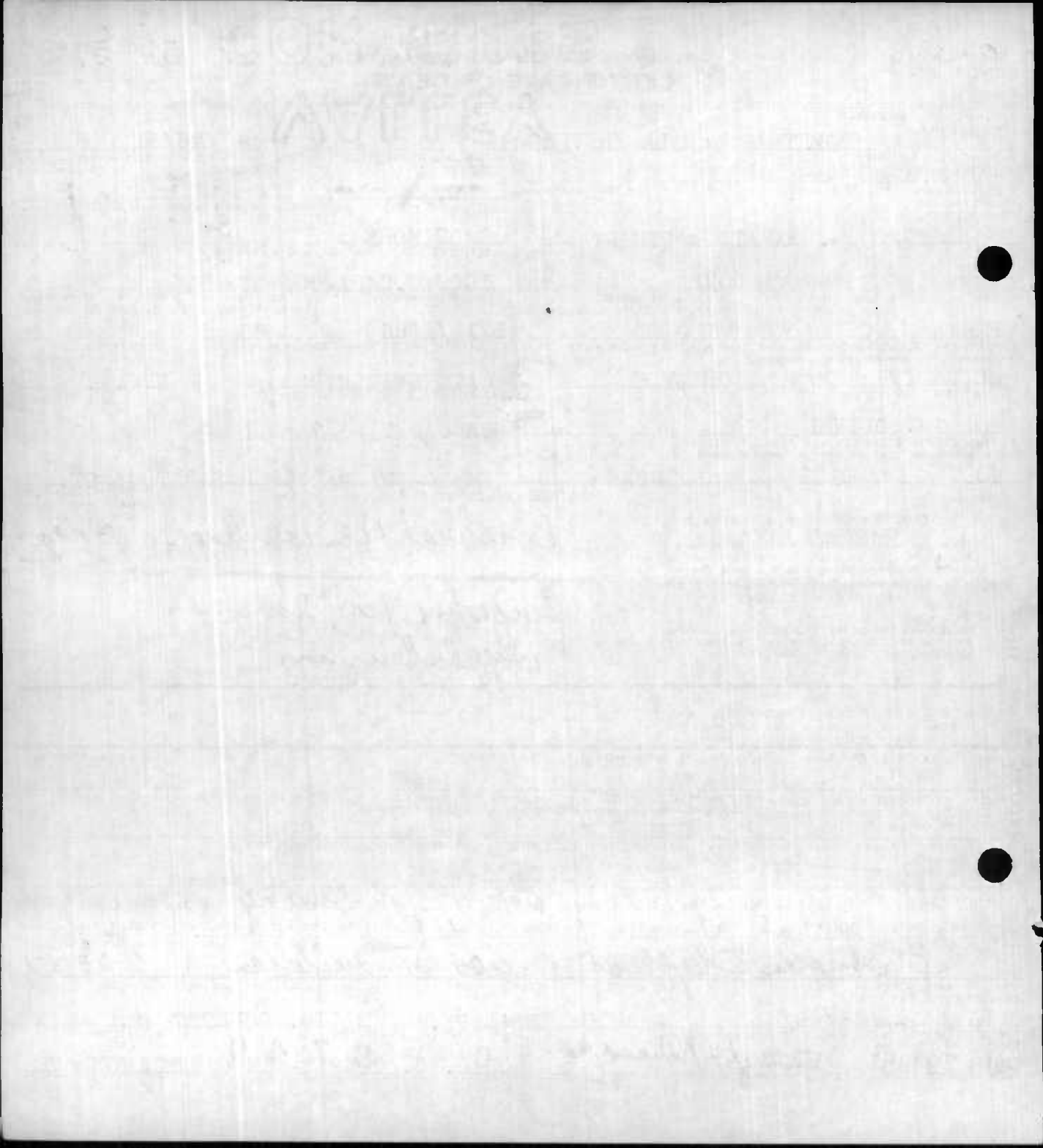
1. NAME OF DECEASED (Type or Print) Baby Boy Chandler -Emma			2. DATE OF DEATH 6/23/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore L,fe			D. STREET ADDRESS (If rural, give location) 2208 McCulloh St.		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 21, 1951	9. AGE (In years last birthday) 2	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Paul Chandler			14. MOTHER'S MAIDEN NAME Emma Chandler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue			ADDRESS		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Foetal Atelectasis DUE TO ANTECEDENT CAUSES Aspiration funcus DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH 2 days 2 days
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/21, 1951, to 6/23, 1951, that I last saw the deceased alive on 6/23, 1951, and that death occurred at 10:30AM, from the causes and on the date stated above.					
23A. SIGNATURE P. L. Rogers		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 6-27-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 6-27-51		24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR 0005739		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR JUN 29 1951		REGISTRAR'S SIGNATURE W. H. Williams			



616
5748BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5748
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BERTHA McCALL TRAVERS		2. DATE OF DEATH 6/26/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY 20-01	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1929 W. SARATOGA STREET		6. CITY OR TOWN (If outside corporate limits, write U.S.A. and give township) BALTIMORE	
7. Length of stay in Baltimore 50yrs		8. STREET ADDRESS (If rural, give location) 1929 W. SARATOGA STREET	
9. SEX F	10. COLOR OR RACE C	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	12. DATE OF BIRTH 5/12/1886
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		14. AGE (In years last birthday) 65	
15. FATHER'S NAME WM. OLIVER		16. BIRTHPLACE (State or foreign country) CATONSVILLE? MD	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		18. CITIZEN OF WHAT COUNTRY? U.S.A.	
19. SOCIAL SECURITY NO. NONE		20. MOTHER'S MAIDEN NAME MARGARET ?	
21. INFORMANT BERNICE WARD(D)		22. ADDRESS 1929 SARATOGA ST.	
23. CAUSE OF DEATH 18. 442x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Constrictive Heart Disease Hypertension OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 3 days			
24. DATE OF OPERATION 0		25. MAJOR FINDINGS OF OPERATION	
26. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
30. TIME (Month) (Day) (Year) (Hour) INJURY		31. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
32. HOW DID INJURY OCCUR?			
33. I hereby certify that I attended the deceased from Oct 11, 1927 to June 24, 1951 , that I last saw the deceased alive on June 24, 1951 and that death occurred at 10 P.m. , from the causes and on the date stated above.			
34. SIGNATURE Douglas Shepperd		35. ADDRESS 604 N. Fulton Ave	
36. DATE SIGNED 6-29-51			
37. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		38. DATE 6/30/51	
39. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM'L PK.		40. LOCATION (City, town, or county) (State) BALTO. COUNTY? MD.	
41. DATE RECEIVED BY LOCAL REGISTRAR JUN 29 1951		42. REGISTRAR'S SIGNATURE Wilmington Williams	
43. FUNERAL DIRECTOR CHAS. G. COOPER		44. ADDRESS 512 CARROLLTON AVE	



252
1 5749

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5749
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Bronislawa Giknis		2. DATE OF DEATH 6-26-51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 1323 Herkimer St.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 40 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 1323 Herkimer St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 22, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10b. KIND OF BUSINESS OR INDUSTRY Coat-Maker	9. AGE (in years last birthday) 62
11. BIRTHPLACE (State or foreign country) Lithuania		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Matthew Giknis		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 215-12-3231	
17. INFORMANT Catherine Giknis		ADDRESS 1323 Herkimer St.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction DUE TO Hypertensive Cardiovascular Disease DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Myocardial Infarction Hypertensive Cardiovascular Disease	INTERVAL BETWEEN ONSET AND DEATH 1 day 4 years
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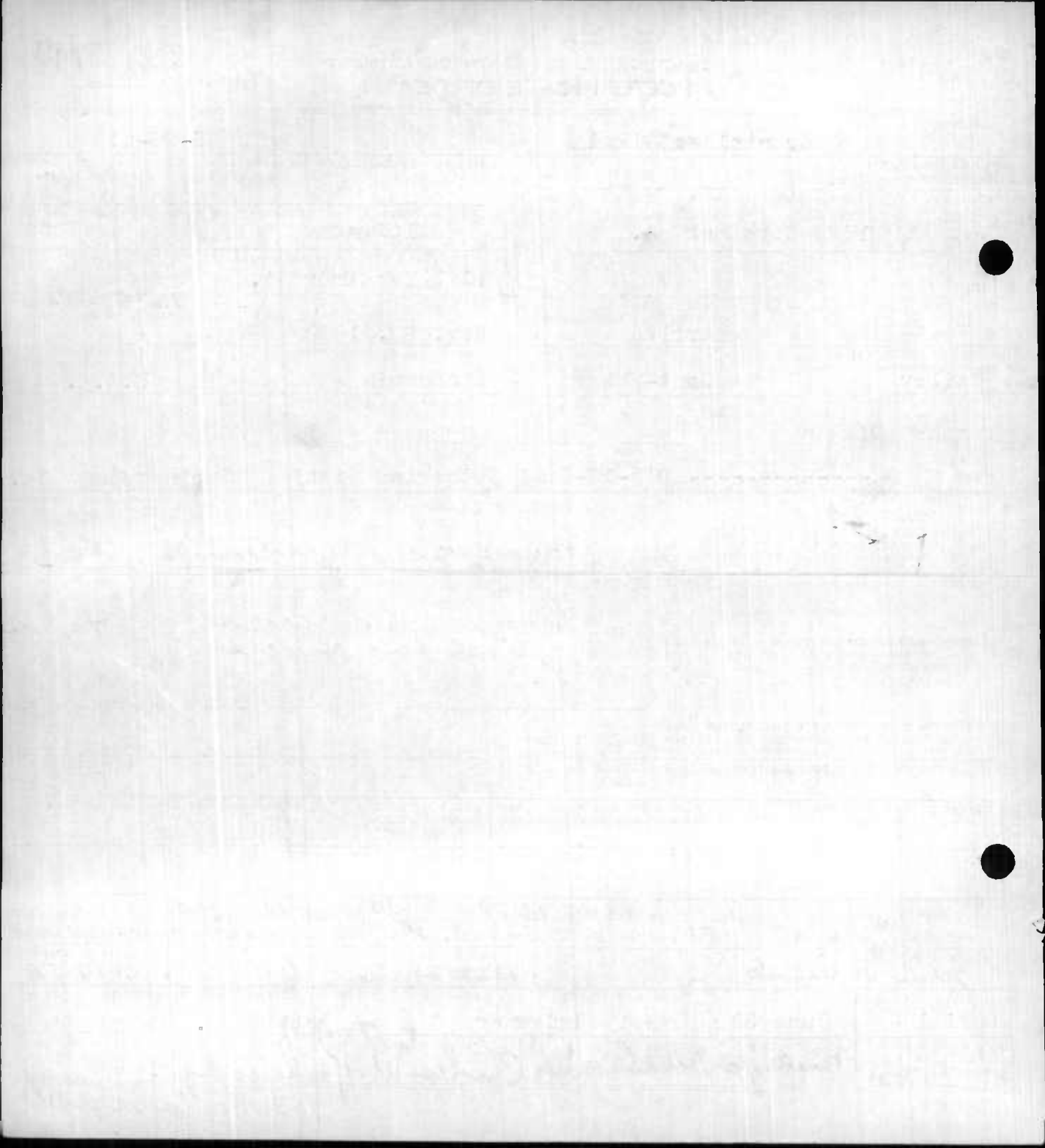
19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12-27**, 19**45**, to **6-26**, 19**51**, that I last saw the deceased alive on **6-25**, 19**51**, and that death occurred at **5:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE
John P. Urlock, Jr.
M. D.
23b. ADDRESS
1227 Wash. Blvd
23c. DATE SIGNED
6-29-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial
24b. DATE
June 30
24c. NAME OF CEMETERY OR CREMATORY
Holy Redeemer
24d. LOCATION (City, town, or county) (State)
Belair Rd. Maryland

DATE RECEIVED BY LOCAL REGISTRAR
JUN 29 1951
REGISTRAR'S SIGNATURE
Huntington Williams, Jr.
FUNERAL DIRECTOR
Charles W. Rockauskas
ADDRESS
703 McHenry St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 5750

650
BIRTH NO. 5750

1. NAME OF DECEASED (Type or Print) <u>Effie Krumm</u> EFFIE DEMMITT KRUMM			2. DATE OF DEATH <u>6/28/51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>St. Agnes Hospital</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Agnes Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore Catonsville</u>		
C. Length of stay in Baltimore <u>60 yrs</u>			D. STREET ADDRESS (If rural, give location) <u>126 Forest Drive 5300</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>8/21 - 1879</u>		9. AGE (In years last birthday) <u>71</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>Henry Demmitt</u>			14. MOTHER'S MAIDEN NAME <u>Choate</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>126 Forrest Drive, - Mr. T. Harry Krumm</u>

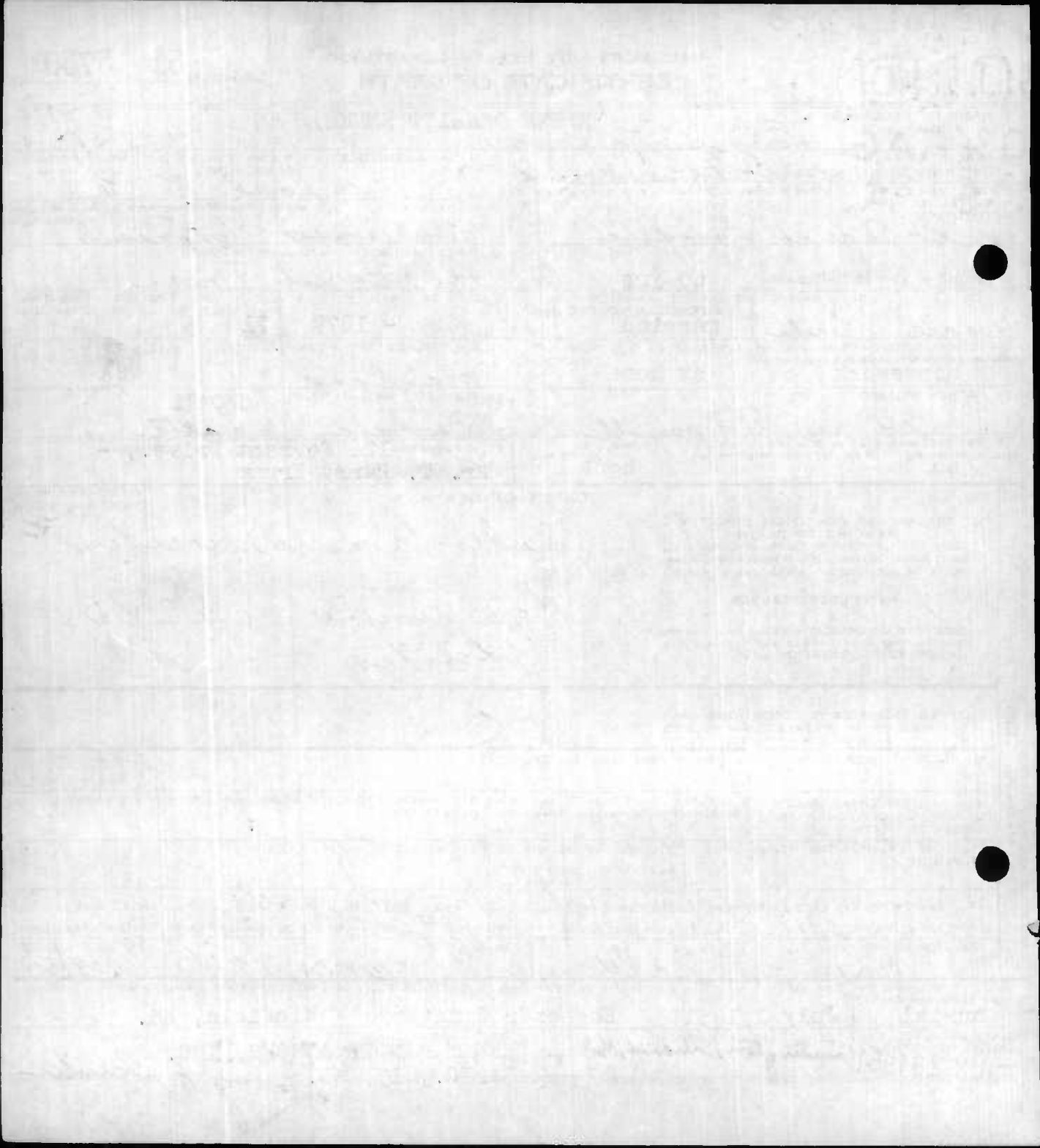
18. <u>443X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <u>Cerebro Vascular Accident</u> DUE TO (B) <u>Hypertensive G.S.C.V.D.</u> DUE TO (C) <u>Obesity</u>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6/25, 1951 to 6/28, 1951, that I last saw the deceased alive on 6/28, 1951 and that death occurred at 8:05 a.m. from the causes and on the date stated above.

23A. SIGNATURE <u>John C. Healy</u> M.D.	23B. ADDRESS <u>St. Agnes Hosp</u>	23C. DATE SIGNED <u>6/28/51</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24B. DATE <u>July 1, 1951</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Ebenezer Cemetery</u>	24D. LOCATION (City, town, or county) (State) <u>Winfield, Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 29 1951</u>		25. FUNERAL DIRECTOR ADDRESS <u>HENRY SANDER & SONS, INC. BALTO., 13, MD.</u>	
REGISTRAR'S SIGNATURE <u>Arthur J. Williams, M.D.</u>			



160
51 5751BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5751
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CAROLINE COVER

2. DATE
OF DEATH June 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St. Agnes' Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

#614 N. Hilton Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

5.26.1865

9. AGE (In years
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Meyers

Dec'd

14. MOTHER'S MAIDEN NAME

Christina Schmidt

Dec'd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
no

17. INFORMANT

ADDRESS

Mr. J. M. Brandt - 304 Gittings Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Intestinal obstruction

(A) gangrene terminal ileum
DUE TO due to intestinal hernia(B) and volvulus of small
DUE TO intestine

(C)

INTERVAL BETWEEN
ONSET AND DEATH

10 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/20, 1957, to 6/27, 1957, that I last saw the
deceased alive on 6/27, 1957 and that death occurred at 8:25 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

6/30/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 29 1951

VS 150

122a Balto, Md.

1053-11

[Faint, illegible text, likely bleed-through from the reverse side of the page. The text is mirrored and difficult to decipher.]

324
1 5752

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5752

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Laura W. Mitchell</i>		2. DATE OF DEATH <i>6-26-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. city</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>419 Pine St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>419 Pine St</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug. 26-87</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (In years last birthday) <i>68</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>unknown</i>		14. MOTHER'S MAIDEN NAME <i>Russella Campbell</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Hunter Mitchell</i>		ADDRESS <i>419 N. Pine St</i>	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Generalized Arteriosclerosis</i> DUE TO (C) <i>Essential Hypertension</i>	INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>!</i> <i>?</i>
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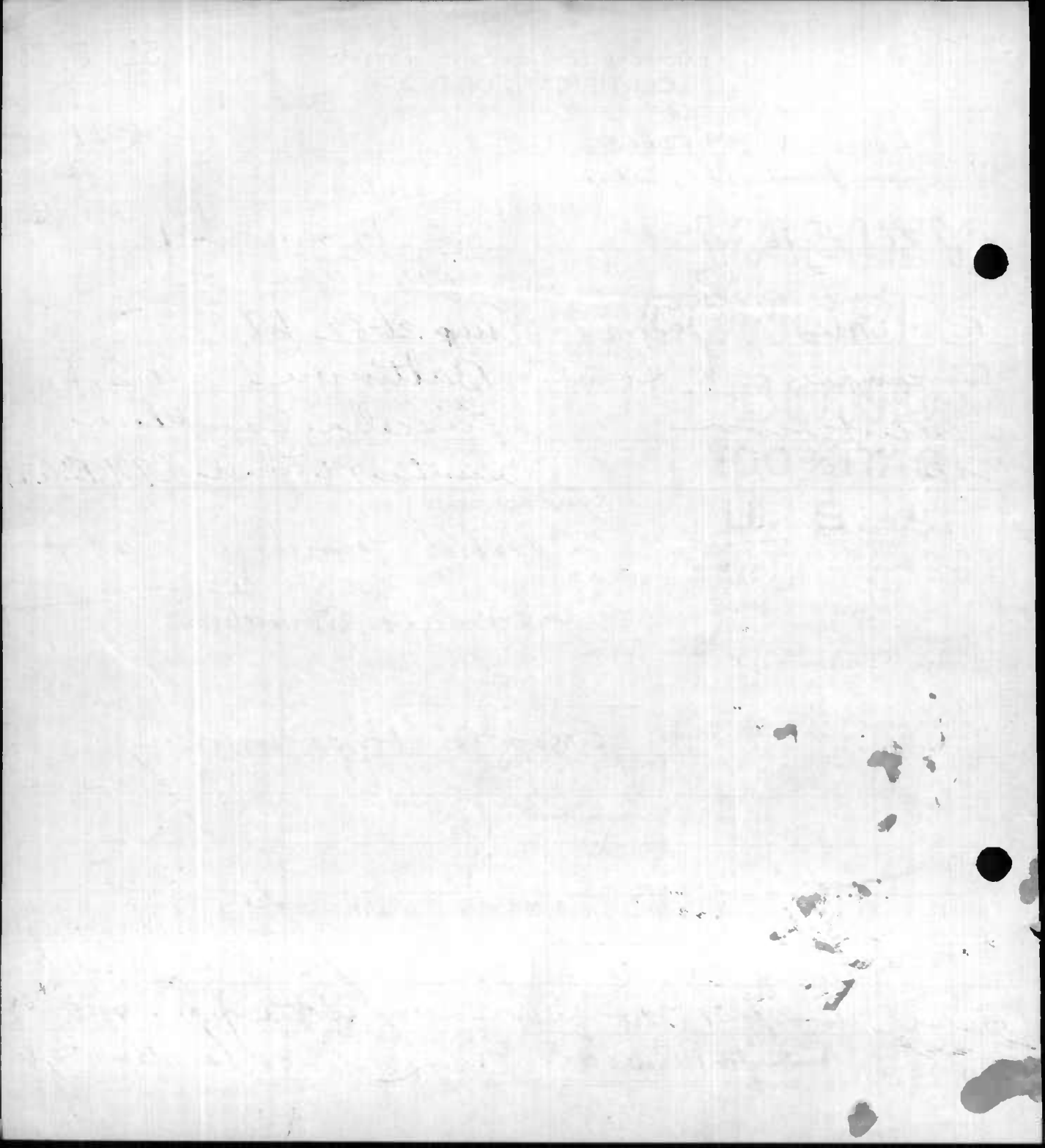
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March*, 1951, to *June 26*, 1951, that I last saw the deceased alive on *June 26*, 1951, and that death occurred at *1:02 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Gilbert L. Bonney</i>	23B. ADDRESS <i>722 N. Fulton Ave</i>	23C. DATE SIGNED <i>6/26/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6-29-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>mt zion cem</i>
24D. LOCATION (City, town, or county) (State) <i>Baltimore md</i>	24E. FUNERAL DIRECTOR <i>Elroy O. Wilson</i>	24F. ADDRESS <i>1000 Banting</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 29 1951</i>	REGISTRAR'S SIGNATURE <i>Thurston Williams</i>	

83a

MEDICAL CERTIFICATION



360 51 5753

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5753
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lucille M. Dutra

2. DATE
OF
DEATH 6 - 28 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

200 N. Culver St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

200 Culver St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11-21-1898

9. AGE (In years
last birthday)

52

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alfred E. Jones

14. MOTHER'S MAIDEN NAME

Mabel Hamilton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Philip A. Dutra 200 Culver St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Coronary Thrombosis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Atherosclerosis*
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-11, 1949 to 6-23, 1951, that I last saw the
deceased alive on 6-23, 1951, and that death occurred at 11 Pm., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

2320 Eustad Place

23C. DATE SIGNED

6/29/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

8 - 2 - 51

24C. NAME OF CEMETERY OR CREMATORY

U. S. National

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 29 1951

T. W. Williams, M.D.

John D. Morgan, 3000 E. Baltimore St.

CONFIDENTIAL

SECRET

10-11-41

10-11-41

10-11-41

10-11-41

10-11-41

CONFIDENTIAL

SECRET

536
51 5754

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5754

1. NAME OF DECEASED (Type or Print) **GORMAN A. ANDERSON** 2. DATE OF DEATH **JUNE 28, 1951**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE **MARYLAND** B. COUNTY **Baltimore**

B. FULL NAME OF (If not in hospital or institution, give street address or location) **SINAI HOSPITAL** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **DUNDALK**

c. Length of stay in Baltimore **20** Yrs. **2942 YORKWAY** Mos. **5200** Days

5. SEX **M** 6. COLOR OR RACE **W** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **SINGLE** 8. DATE OF BIRTH **SEPT 21, 1901** 9. AGE (In years last birthday) **49** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **American Radiator** 10B. KIND OF BUSINESS OR INDUSTRY **PLUMBING** 11. BIRTHPLACE (State or foreign country) **TYASKIN, MD** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **GUSTAVUS ANDERSON** 14. MOTHER'S MAIDEN NAME **MARY ANN SHELTON**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. **181X I** DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH **RENAL INSUFFICIENCY** INTERVAL BETWEEN ONSET AND DEATH **1 wk.**

ANTECEDENT CAUSES DUE TO **HYDRONEPHROSIS** Mas.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO **CARCINOMA OF BLADDER** ?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **ANEMIA & PERITONITIS** ?

19A. DATE OF OPERATION **6/19/51** 19B. MAJOR FINDINGS OF OPERATION **CARCINOMA OF BLADDER** 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6/16** 19**51**, to **6/28** 19**51**, that I last saw the deceased alive on **6/27** 19**51**, and that death occurred at **9:40 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Malcolm E. Cohen** 23B. ADDRESS **Sinai Hospital** 23C. DATE SIGNED **6/28/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Removed** 24B. DATE **June 29, 1951** 24C. NAME OF CEMETERY OR CREMATORY **Tyaskin** 24D. LOCATION (City, town, or county) (State) **Tyaskin Md**

DATE RECEIVED BY LOCAL REGISTRAR **JUN 29 1951** REGISTRAR'S SIGNATURE **Washington Williams, Jr.** 25. FUNERAL DIRECTOR **C. S. Messup, Bivolve, Md.** ADDRESS

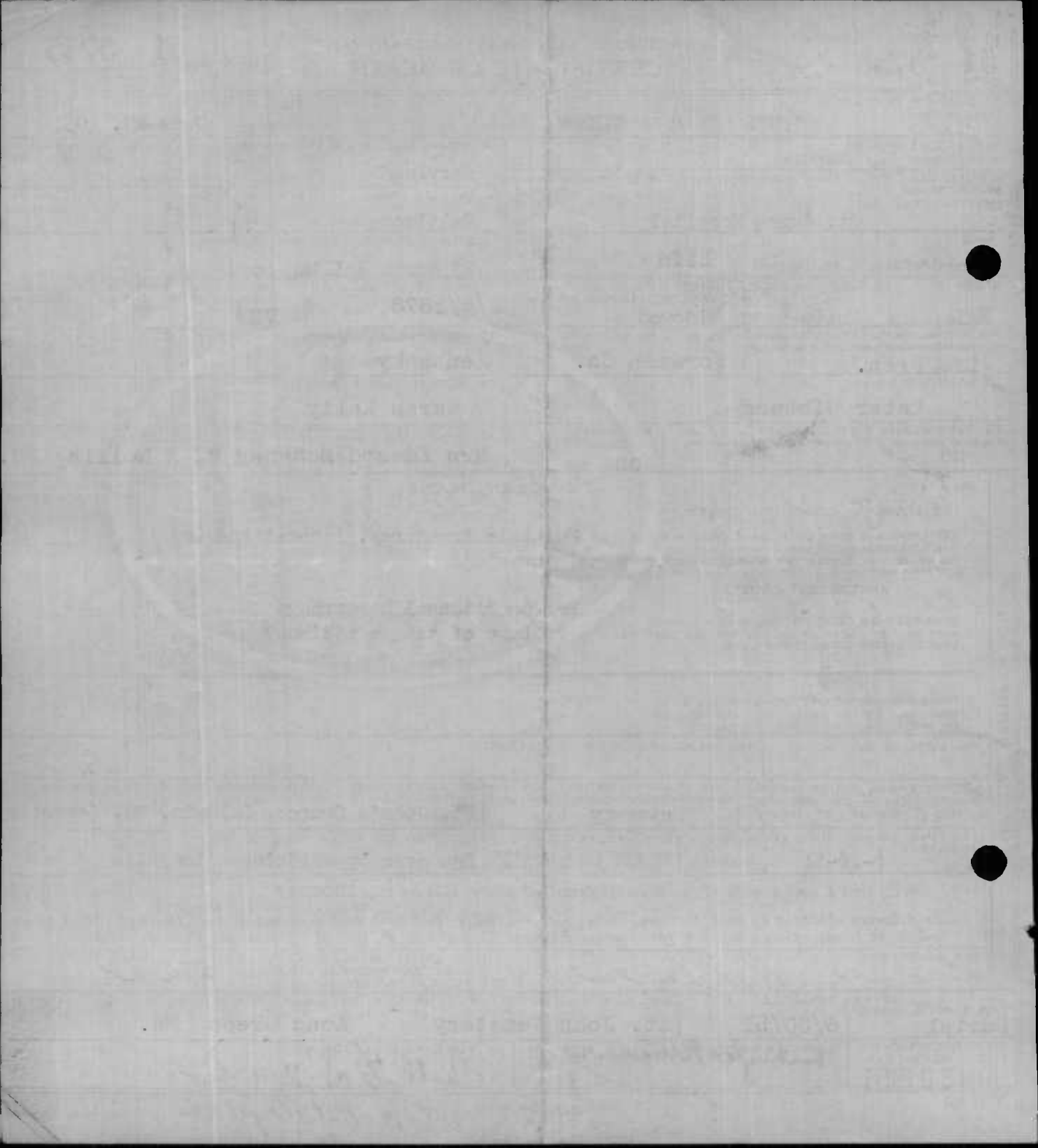
VS 150 **6903D** **52B**

MEDICAL CERTIFICATION

152
51 5755
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5755

1. NAME OF DECEASED (Type or Print) PETER A GIBBONS		2. DATE OF DEATH June 27, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 23 North Rolling Road	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/6/1878
9. AGE (In years last birthday) 73		10. Under 1 Year Months: Days: Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice Pres.		10B. KIND OF BUSINESS OR INDUSTRY Foreman Co.	
11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Peter Gibbons		14. MOTHER'S MAIDEN NAME Sarah Kelly	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs Edward McNaney		ADDRESS 23 N Rolling Rd.	
18. E830.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple fractures, lacerations and abrasions CAUSE OF DEATH (A) Multiple fractures, lacerations and abrasions ANTECEDENT CAUSES (B) Retroperitoneal hemorrhage DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO rupture of the left kidney (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Driveway	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) St. John's Church, Baldwin, Md. (cemetery)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 6-26-51		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR? Run over by drifting automobile		5300	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE Stanley S. Durlacher M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED 6-28-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/30/51	
24C. NAME OF CEMETERY OR CREMATORY St. John Cemetery		24D. LOCATION (City, town, or county) (State) Long Green Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1951		REGISTRAR'S SIGNATURE Charles E. Engle	
25. FUNERAL DIRECTOR Charles E. Engle		ADDRESS 118 W. Mt. Royal Ave.	



620
51 5756

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5756

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN E. BURKE		2. DATE OF DEATH June 27, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 715 E. Chase street		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore	
c. Length of stay in Baltimore 35 yrs.		D. STREET ADDRESS (If rural, give location) 715 E. Chase street	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH May 26 1888
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jr. Engineer		10B. KIND OF BUSINESS OR INDUSTRY State Road Com.	9. AGE (In years last birthday) 63
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs Chas Surguy		ADDRESS 715 E. Chase st.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 6 weeks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. probably arteriosclerosis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6/30/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?				

22. I hereby certify that I attended the deceased from **22 June, 1951** to **27 June, 1951**, that I last saw the deceased alive on **26 June, 1951**, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE S. Lillieper	M. D. 714 E. Preston St.	23B. ADDRESS	23C. DATE SIGNED 28 June
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/30/51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore

DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1951	REGISTRAR'S SIGNATURE W. Williams	25. FUNERAL DIRECTOR Charles E. Jones & Son	ADDRESS 58324 118 W. Mt. Royal Ave.
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MEDICAL CERTIFICATION

Samuel T. Lillianfeldt
1714 E. Preston

563

1 5757

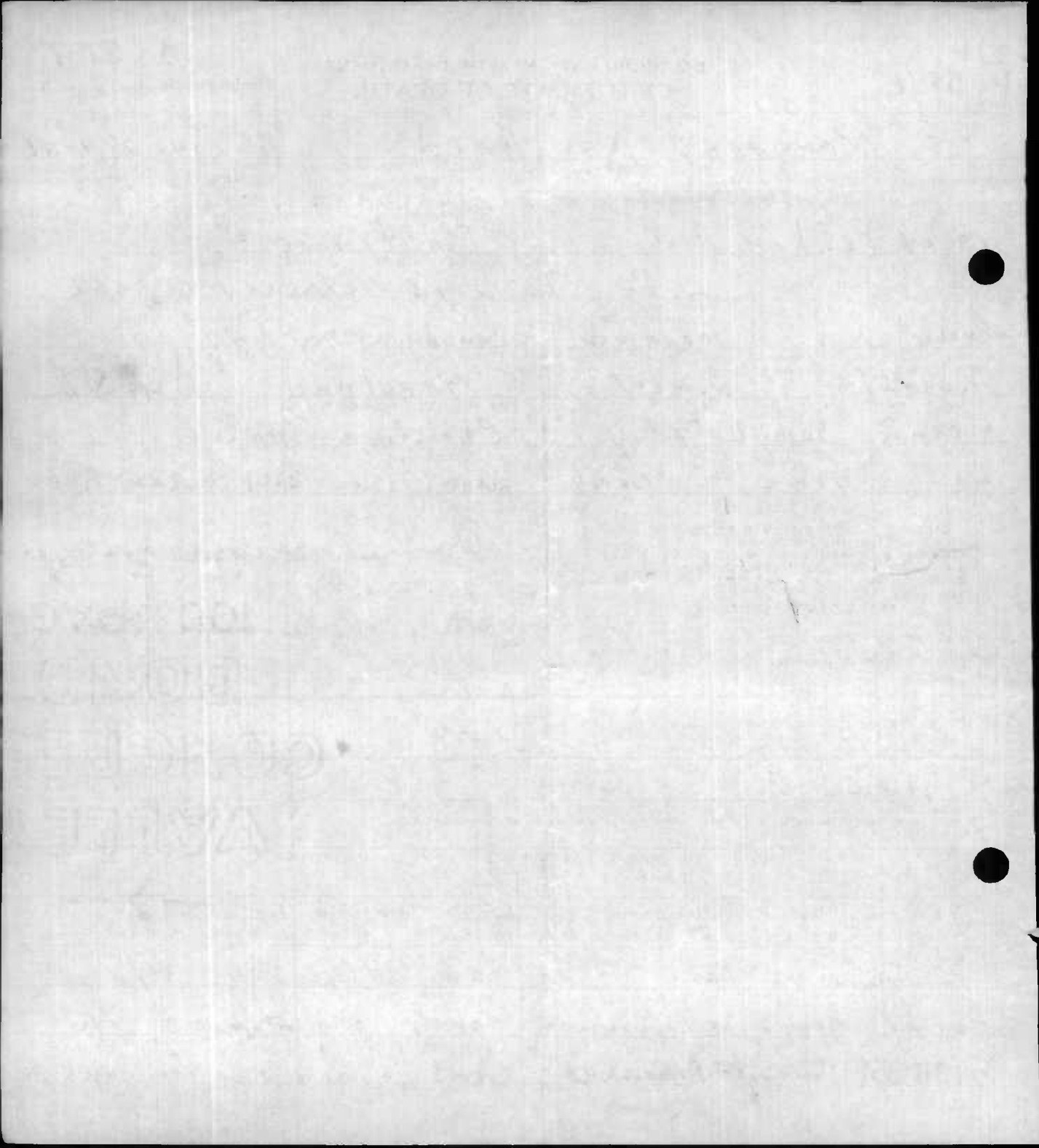
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5757

Registered No.

1. NAME OF DECEASED (Type or Print) MARGARET REINHARD		2. DATE OF DEATH JUNE 28, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3114 PELHAM AVE.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-03	
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 2014 McHENRY Street.	
5. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JANUARY 24, 1904
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY Domestic	9. AGE (In years last birthday) 47
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME FRANK SCHALITZKY		14. MOTHER'S MAIDEN NAME Christina CARL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS JANE LISSAY 3114 PELHAM AVE.	
18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion DUE TO acute cholecystitis DUE TO none			INTERVAL BETWEEN ONSET AND DEATH 1 day 2 day
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none			
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION none	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/27 , 19 51 to 6/28 , 19 51 , that I last saw the deceased alive on 6/28 , 19 51 , and that death occurred at 2a m., from the causes and on the date stated above.			
23A. SIGNATURE Benjamin Miller		23B. ADDRESS 2030 Wilkens Ave	23C. DATE SIGNED 6/29/51
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE July 2, 1951	24C. NAME OF CEMETERY OR CREMATORY LONDON PARK	24D. LOCATION (City, town, or county) (State) BALTIMORE MD
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1951		25. FUNERAL DIRECTOR'S ADDRESS Geo. L. Schwab 2101 Frederick Ave	



620
REA-149668
51 5758
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5758
Registered No.

1. NAME OF DECEASED (Type or Print) Church Morris			2. DATE OF DEATH 6-27-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 10 Years			D. STREET ADDRESS (If rural, give location) 29 S. Caroline Street		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 4, 1886	9. AGE (In years last birthday) 65	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10B. KIND OF BUSINESS OR INDUSTRY Church	11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry Morris			14. MOTHER'S MAIDEN NAME Emily Mills		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue		

18. 586x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Generalized Peritonitis DUE TO (B) Perforated Gall bladder DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 10 or 12 Hours Unknown 1 week
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Uremia		

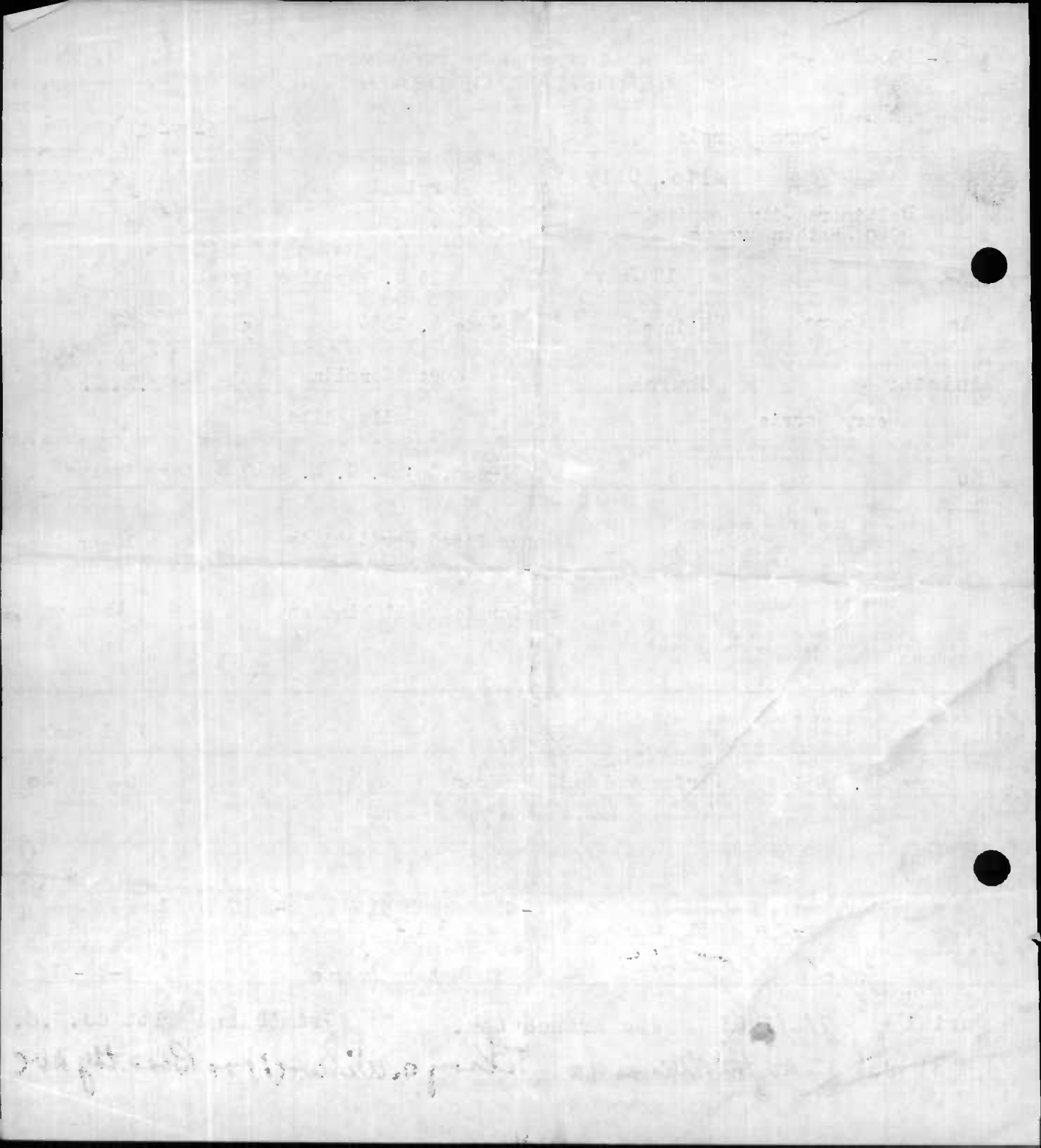
19A. DATE OF OPERATION June 22, 1951		19B. MAJOR FINDINGS OF OPERATION Perforated Gall bladder		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6-22, 1951, to 6-27, 1951 that I last saw the deceased alive on 6-27, 1951 and that death occurred at 5:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE J. A. Hogan M. D. 4940 Eastern Avenue 23B. ADDRESS 23C. DATE SIGNED 6-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/2/1951	24C. NAME OF CEMETERY OR CREMATORY JOe Branch Cem.	24D. LOCATION (City, town, or county) (State) Grimesland Pitt Co. N.C.
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DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1951	REGISTRAR'S SIGNATURE Tunington Williams, M.D.	25. FUNERAL DIRECTOR Thoy O. Wilson 1110 Beatty Ave	ADDRESS
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520
51 5759
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5759
Registered No.

1. NAME OF DECEASED (Type or Print) Mary Fenwick			2. DATE OF DEATH June-25-1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1238 St Mathews Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 40 Yrs.			D. STREET ADDRESS (If rural, give location) 1238 St Mathews Street		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May-10-1892	9. AGE (In years last birthday) 59	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) St Marys Co. Md.		
10B. KIND OF BUSINESS OR INDUSTRY At Home			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Lawrence			14. MOTHER'S MAIDEN NAME Virginia Brown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		
17. INFORMANT Curry Fenwick			ADDRESS 1238 St Mathews St		

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of stomach DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Carcinoma of stomach DUE TO INTERVAL BETWEEN ONSET AND DEATH 18 Mos.
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 22, 1951 to June 25, 1951 , that I last saw the deceased alive on June 23, 1951 , and that death occurred at 1 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE F. K. Williams M. D.		23B. ADDRESS 12227. Caroline St		23C. DATE SIGNED June 29-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/28/1951		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) Brooklyn Md.		25. FUNERAL DIRECTOR Elroy A. Wilson		ADDRESS 1000 Beauty ave	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1951		REGISTRAR'S SIGNATURE Wm. J. Williams		ADDRESS	

10-22
XV FEA

1. The first part of the report is a general introduction to the subject of the study. It discusses the importance of the problem and the objectives of the research. It also mentions the scope of the study and the methods used.

2. The second part of the report is a detailed description of the experimental work. It includes a description of the apparatus used, the procedures followed, and the results obtained. It also discusses the errors and uncertainties involved in the measurements.

3. The third part of the report is a discussion of the results. It compares the experimental results with the theoretical predictions and discusses the implications of the findings. It also mentions the limitations of the study and suggests directions for future research.

4. The fourth part of the report is a conclusion. It summarizes the main findings of the study and states the overall conclusions. It also mentions the significance of the results and the contribution of the study to the field.

5. The fifth part of the report is a list of references. It includes a list of the books, articles, and other sources used in the study. It also mentions the names of the authors and the titles of the works.

6. The sixth part of the report is an appendix. It includes a list of the figures, tables, and other supplementary material. It also mentions the names of the figures and tables and provides a brief description of their contents.

7. The seventh part of the report is a bibliography. It includes a list of the books, articles, and other sources used in the study. It also mentions the names of the authors and the titles of the works.

8. The eighth part of the report is a glossary. It includes a list of the terms and symbols used in the study. It also provides a brief definition of each term and symbol.

9. The ninth part of the report is an index. It includes a list of the topics and subjects covered in the study. It also provides a brief description of each topic and subject.

10. The tenth part of the report is a list of acknowledgments. It includes a list of the people and organizations that have helped in the study. It also mentions the names of the people and organizations and expresses their gratitude.

536
51 5760

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5760

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>MARY SAUNDERS</i>		2. DATE OF DEATH <i>6/24/51</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MD.</i> b. COUNTY <i>CITY.</i>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Univ. Hosp</i>		c. CITY OR TOWN (If outside corporate limits write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural give location) <i>919 - McCulloh St.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>3-21-1908</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	9. AGE (In years last birthday) <i>43</i>
11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Busscoe Brown Sr.</i>		14. MOTHER'S MAIDEN NAME <i>Marie Touger</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Busscoe Brown - Penna. Ave</i>		ADDRESS <i>1056 -</i>	

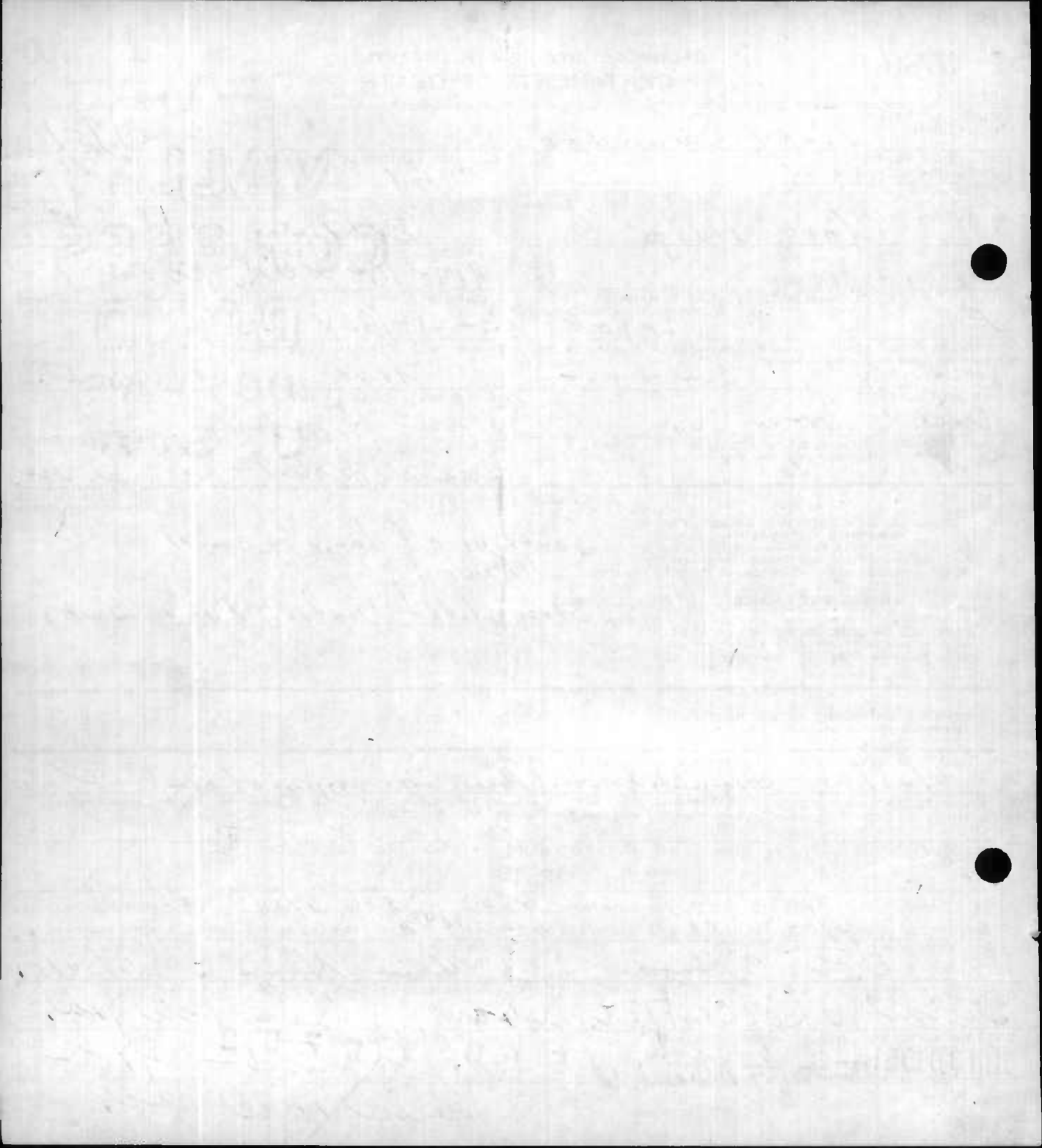
CAUSE OF DEATH

18. <i>561.3</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Gangrene of large & small bowels</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Strangulated Ventral Hernia</i> DUE TO (C) <i>2 wks.</i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19a. DATE OF OPERATION <i>6/23/51</i>	19b. MAJOR FINDINGS OF OPERATION <i>Strangulated Ventral Hernia with gangrene of bowel</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>6/23</i> , 19 <i>51</i> , to <i>6/24</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>6/24</i> , 19 <i>51</i> , and that death occurred at <i>10:00</i> A.m., from the causes and on the date stated above.		
23a. SIGNATURE <i>E. J. O'Hara</i> M. D.	23b. ADDRESS <i>Univ. Hosp</i>	23c. DATE SIGNED <i>6/24/51</i>

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>6/30/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>	24d. LOCATION (City, town, or county) (State) <i>Cedar Hill Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 30 1951</i>	REGISTRAR'S SIGNATURE <i>Wilmington Williams</i>	25. FUNERAL DIRECTOR <i>W. H. Heston</i>	ADDRESS <i>918 - Druid Hill Ave</i>

122a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5761**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) (TERRY) Francis Henry GUNNING		2. DATE OF DEATH June 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1619 McCulloh St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1619 McCulloh St.		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3-15-1902
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Coal Yard	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mamie Jamerson		ADDRESS Spray Court	

18. 592X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Chronic glomerulonephritis DUE TO ANTECEDENT CAUSES (B) Bronchopneumonia DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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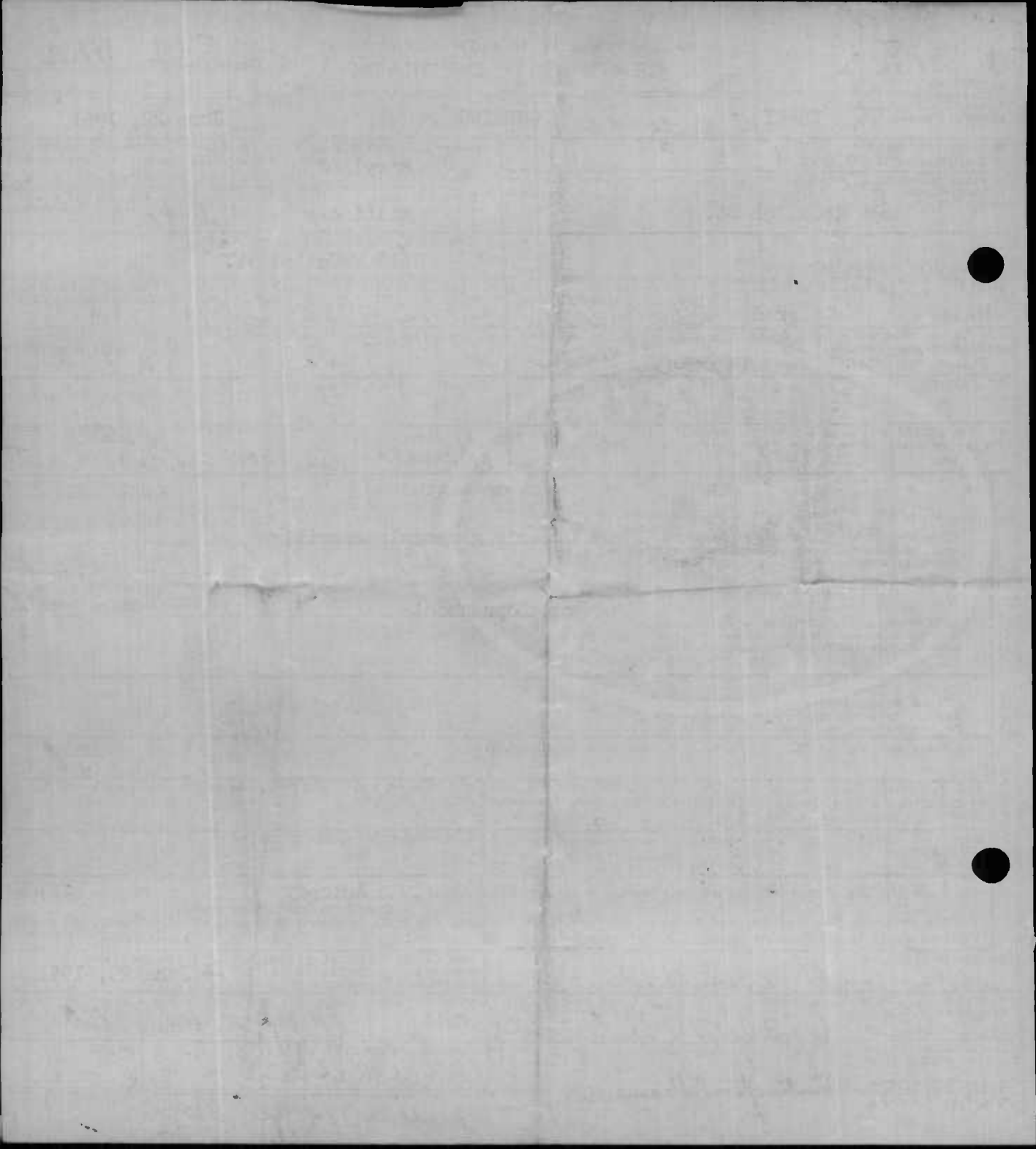
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **Stanley H. Dunbar** M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ 23C. DATE SIGNED **June 23, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/30/51	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	24D. LOCATION (City, town, or county) (State) Eden Hill Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1951	REGISTRAR'S SIGNATURE Wm. Williams	25. FUNERAL DIRECTOR W. Halstead	ADDRESS 970 6T Blvd Hill Ave. 131B

MEDICAL CERTIFICATION



260
51 5762BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5762
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA MARGARET KACHER

2. DATE
OF
DEATH

June 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

410 S. Clinton Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

410 S. Clinton Street

c. Length of stay in Baltimore

75 years

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

March 10, 1870

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

South America

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Frederick A. Storm

14. MOTHER'S MAIDEN NAME

Anna M. Crause

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT
ADDRESS

Mrs. Wm. G. Mitchell

CAUSE OF DEATH

18. 422.2 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chr. Myocarditis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

12 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29, 1939 to 6-27-1951, that I last saw the
deceased alive on 6-27, 1951, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

N. J. Danilov
M. D.

23B. ADDRESS

3218 Eastern ave

23C. DATE SIGNED

6-28-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

6/30/51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUN 30 1951

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTIMORE, 13, MD.

ADDRESS

100

100

100

100

100

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5763
Registered No. _____

200
51 5763
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) VIOLET ELIZABETH HUSH			2. DATE OF DEATH June 29, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Carroll		
B. FULL NAME OF (If not in hospital or institution, give street address or location) The Hosp for the Women of Md -			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sykesville, Md.		
C. Length of stay in Baltimore 10 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5600		
5. SEX F	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Mar 10, 1903	9. AGE (in years last birthday) 47	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N.W.		10B. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Carroll County		12. CITIZEN OF WHAT COUNTRY? USA -
13. FATHER'S NAME HENRY MURRAY -			14. MOTHER'S MAIDEN NAME JOHNIE BULL		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Mrs. Earl Mielke ADDRESS Sykesville, Md.		

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		(A) Arteriosclerotic Cardiovascular Disease		3 yrs +	
ANTECEDENT CAUSES		(B) Myocarditis?			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Conjunctive Failure			
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 7	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/19 , 1951, to 6/29 , 1951, that I last saw the deceased alive on 6/29 , 1951, and that death occurred at 9:15 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Mark E. Wall		23B. ADDRESS Women's Hospital		23C. DATE SIGNED 6/29/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7-2-51	24C. NAME OF CEMETERY OR CREMATORY Dakland Methodist	24D. LOCATION (City, town, or county) (State) Dakland Mills, Carroll, Md.		
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1951	REGISTRAR'S SIGNATURE Walter J. M. ...	25. FUNERAL DIRECTOR Arthur H. ...		ADDRESS Sykesville, Md.	

520
51 5764

51 5764

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William John Lynas

2. DATE
OF
DEATH

June 28 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

Aged Women's and Aged Men's Homes

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

19-00

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1400 W. Lexington Street

8. DATE OF BIRTH

Nov. 24 1872

9. AGE (In years last birthday)

78

If Under 1 Year Months: Days

7 14

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Lynas

14. MOTHER'S MAIDEN NAME

Anna Brooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

no

17. INFORMANT

L. H. Read

ADDRESS

1400 W. Lexington St.

1B. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

48 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

Arteriosclerotic Cardio-Vascular Disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from January, 1951, to June 28, 1951, that I last saw the deceased alive on June 28, 1951, and that death occurred at 5:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Newland Edward Day

M. D.

23B. ADDRESS

4-E-33 W. St. - 18

23C. DATE SIGNED

June 29, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/2/51

24C. NAME OF CEMETERY OR CREMATORY

Green Mount

24D. LOCATION (City, town or county) (State)

Baltimore MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

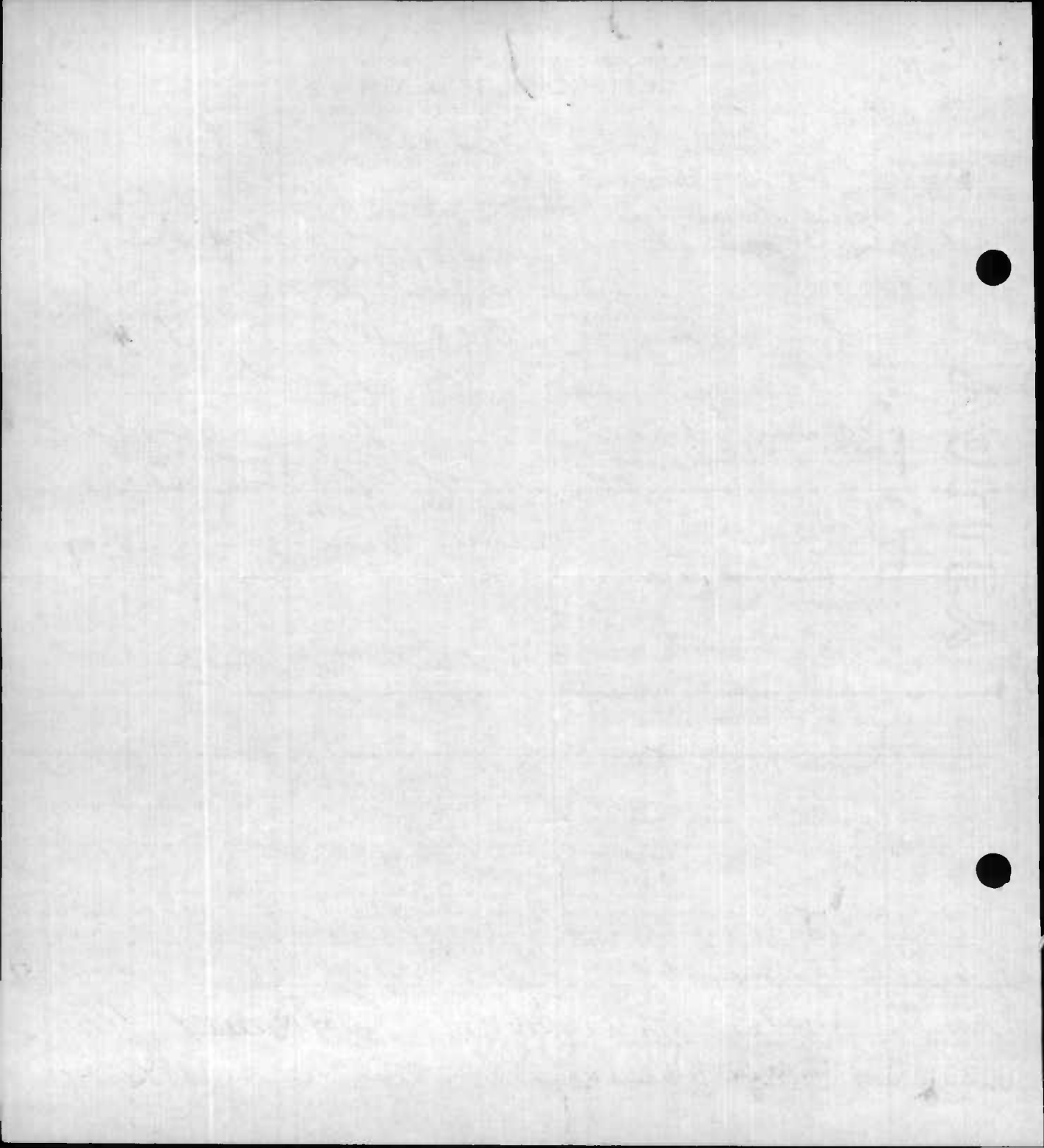
Wm. Brook, Inc.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Brook, Inc., 1217 E. Paul St.

JUN 30 1951



250
51 5765BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5765
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John J. McKenna

2. DATE
OF
DEATH

June 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5217 Florence Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5217 Florence Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 1886

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. City Water Dept.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Michael McKenna

14. MOTHER'S MAIDEN NAME

Mary Curry

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Regina Feller, 1137 Oates St., N.E.
Washington, D. C.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Coronary Thrombosis**Sudden*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Coronary sclerosis**ser. years*

DUE TO

(C) *Arteriosclerosis**ser. years*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*None*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1950, to June 28, 1951, that I last saw the deceased alive on June 28, 1951, and that death occurred at 2:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Louis P. Blum M.D.

23B. ADDRESS

2310 Emlaw Place

23C. DATE SIGNED

*4/29/51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

*Funeral**6/30/51*

24C. NAME OF CEMETERY OR CREMATORY

St. Charles

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

Wm. Cook, Inc.

ADDRESS

1217 St. Paul Street

VS 150

5235F

94a

MEDICAL CERTIFICATION

VALLEY
CONGRESS
BOARD
OF
MANAGEMENT
S.A.

562
51 5766

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5766

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print), Thomas Henrickson			2. DATE OF DEATH June 28, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 3703 Mt. Pleasant Avenue			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore 26-08		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3703 Mt. Pleasant Avenue		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 19, 1895		9. AGE (In years last birthday) 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Carpenter			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Norway
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Co mt		
14. MOTHER'S MAIDEN NAME			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		
16. SOCIAL SECURITY NO. 578-03-0688			17. INFORMANT ADDRESS Mrs. Anna T. Henrickson, 3703 M. Pleasant		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis CAUSE OF DEATH (A) had a coronary obstruction some 7 to 10 yrs ago (B) Severe Shingles cold (C)	INTERVAL BETWEEN ONSET AND DEATH few hours 2 weeks
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. excessive heat	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 4, 1951** to **June 28, 1951**, that I last saw the deceased alive on **June 28, 1951**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **John V. Clift** 23B. ADDRESS **100 N. Milton Ave. now** 23C. DATE SIGNED **6-29-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 7/2/51	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1951		REGISTRAR'S SIGNATURE Wm. C. Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm. C. Williams, Inc. 1217 St. Paul Street

VALLEY
CONFERENCE
BONNIE
JOHN

300
51 5767BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5767

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY

WHITE

2. DATE
OF
DEATH

June 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Glen Burnie

D. STREET ADDRESS (If rural, give location)

Barrett School for Girls

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 27, 1938

9. AGE (In years
last birthday)

13

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School

10B. KIND OF BUSINESS OR
INDUSTRY

School

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James H. Sparrow

14. MOTHER'S MAIDEN NAME

Emma Bond

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Emma Bond 509 S. Paca St.

18. E 812.01

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fracture of cervical vertebrae

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Multiple contusions and abrasions

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Road

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Dorsey Road at Barrett School for Girls

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

June 27, 1951 12:00 noon

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by truck

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

June 27, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/2/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 30 1951

William H. Bond

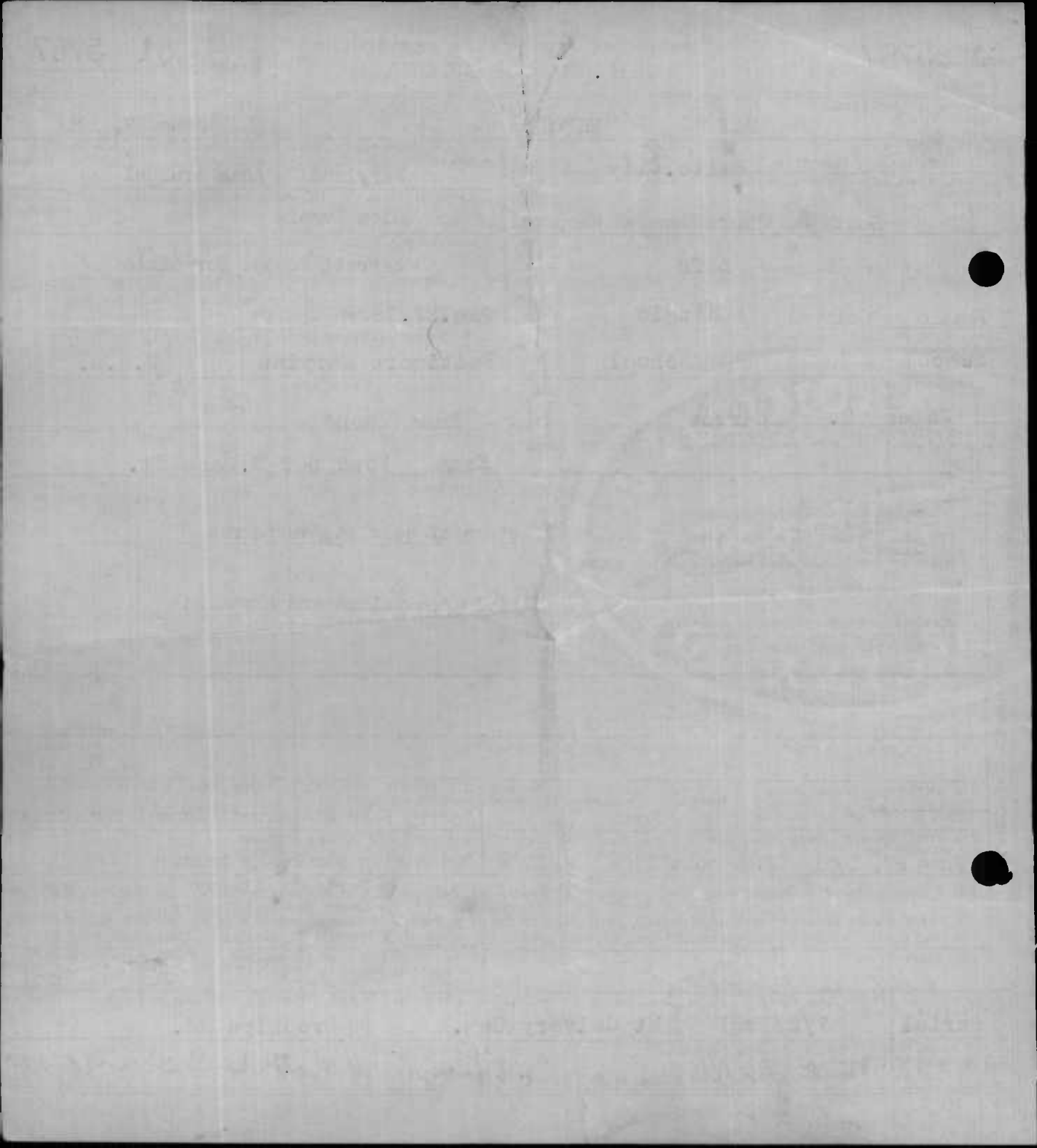
Eugene W. Bond 1000 Brandywine Rd

VS 151

N 805.2

1702

MEDICAL CERTIFICATION
Correct age is especially important in infant deaths



300
51 5768BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5768
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES WOOD		2. DATE OF DEATH June 27, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 7-05	
B. FULL NAME OF HOSPITAL OR INSTITUTION Marine Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 20Yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1520 E. McEldey Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 2, 1883
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stevadore		10B. KIND OF BUSINESS OR INDUSTRY Water Front	9. AGE (In years last birthday) Months Days 67
13. FATHER'S NAME Nichels Woods		11. BIRTHPLACE (State or foreign country) Middle Sex Co. Va.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Catherine Cook	
17. INFORMANT Nettie Woods		ADDRESS 921 N. Carolina St	

18. **44 3X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Hypertensive cardiovascular disease
chronic glomerulonephritis

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
II

(B) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, **accident** ☐, **suicide** ☐, **homicide** ☐, **undetermined** ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
June 27, 195124A. BURIAL, CREMATION, REMOVAL (Specify)
Buroal

24B. DATE

6/30/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 30 1951

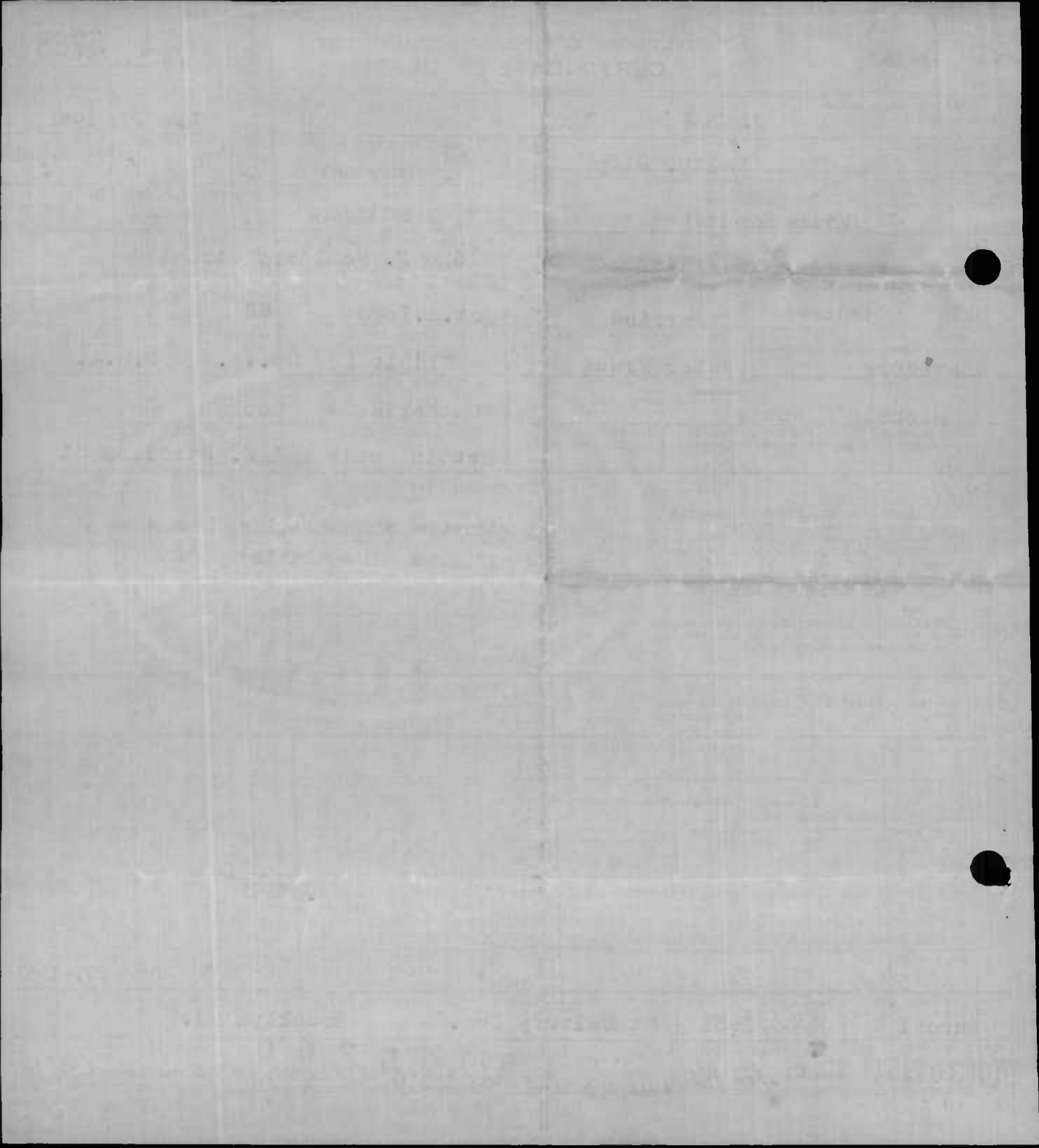
Huntington Williams

Chas. O. Wilson, 1000 Beatty Ave

VS 151

940 55

131B



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5769

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mitchell Joseph E.

2. DATE
OF
DEATH

6.28.1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits write RURAL and give township)

Baltimore 19-07

D. STREET ADDRESS (If rural, give location)

1631 W. Fayette St.

6. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Huckster

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John H. Mitchell

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elenore Mitchell 1509 10th St. apt 5

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(A) Uremia, Congestive Heart
failure, Abdominal pulm.
Myocardial infarction
(B) Cirrhosis hepatis
(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 6.7.1957, to 6.28.1957, that I last saw the
deceased alive on 6.28.1957, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

L. B. Bohn

23B. ADDRESS

M. D.

F. S. W.

23C. DATE SIGNED

6.28.57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 30 1957

T. H. Williams

James A. Hayes

638 N. 9th St.

VS 150

4300A

124B

MEDICAL CERTIFICATION
correct age is especially important. Physicians, please write the

IN THE DISTRICT COURT OF THE UNITED STATES FOR THE DISTRICT OF COLUMBIA

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650
1 5770

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

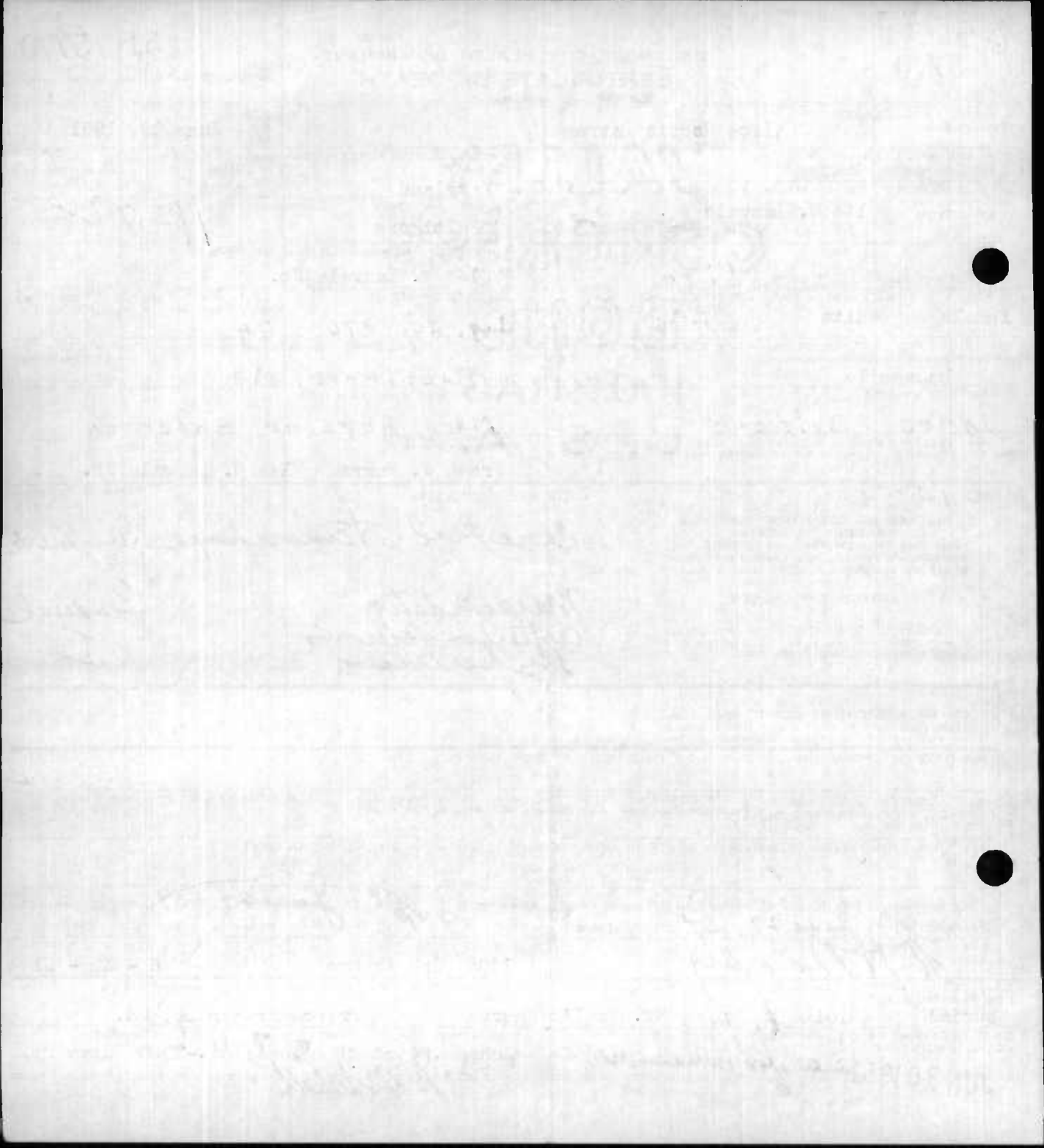
51 5770

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Alice Norris Parran		June 29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none			
B. FULL NAME OF HOSPITAL OR INSTITUTION 144 W. Lanvale St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 144 W. Lanvale St.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 20, 1876	9. AGE (In years last birthday) 74	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BALTIMORE, Md	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME JAMES BRISCOE		14. MOTHER'S MAIDEN NAME MARY ADELINE ANDERSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Frank J. Parran 144 W. Lanvale St.	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Myocarditis Arterio Sclerosis (C) Hypertension		INTERVAL BETWEEN ONSET AND DEATH Immediate Gradual	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1938 to June 29, 1951, that I last saw the deceased alive on June 29, 1951, and that death occurred at 9:45 p.m., from the causes and on the date stated above.					
23A. SIGNATURE M. B. Mitchell		23B. ADDRESS 1405 Park Avenue		23C. DATE SIGNED 6 - 30 - 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE July 2, 1951		24C. NAME OF CEMETERY OR CREMATORY St. Paul's Church	
24D. LOCATION (City, town, or county) (State) Prince Frederick, Md.		24E. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.		24F. ADDRESS 1900 Eutaw Pl.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1951		REGISTRAR'S SIGNATURE Walter G. Williams, M.D.		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.	

MEDICAL CERTIFICATION

937



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5771
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Elandt Byers

2. DATE
OF DEATH June 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY none before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONClifton Nursing Home
3502 Clifton AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1911 Chelsea Road

Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

July 22, 1878

9. AGE (In years
last birthday)

72

If Under 1 Year
Months Days If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
none10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U. S.

13. FATHER'S NAME

Albert Elandt

14. MOTHER'S MAIDEN NAME

Mary Grebb

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Palma Robinson - 1911 Chelsea Road

18. 4200 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Broncho pneumonia - Pulmonary edema - 4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) arteriosclerotic type heart disease with cardiac
hypertrophy - myocardial degeneration - 3 years(C) generalized arteriosclerosis with
hypertension - 10 yearsII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1947 to June 27, 1951 that I last saw the
deceased alive on June 26, 1951 and that death occurred at 3:30 P. M. from the causes and on the date stated above.

23A. SIGNATURE

William Michel

M. D.

23B. ADDRESS

1015 Poplar Grove St.

23C. DATE SIGNED

June 29, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

6 - 30 - 51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

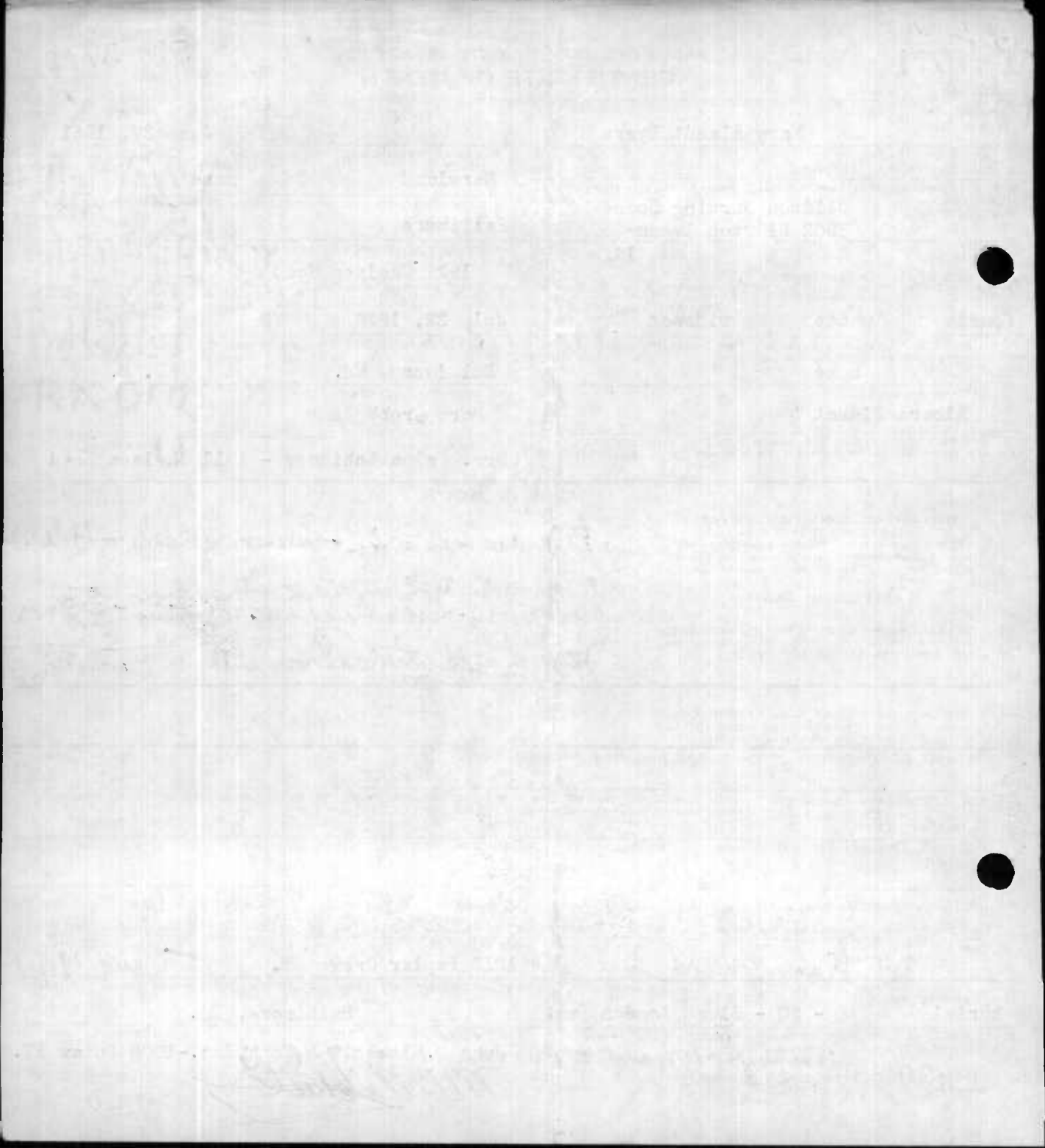
ADDRESS

MB Mitchell

JUN 30 1951

Dr. Wm. Michel

937



MARYLAND STATE DEPARTMENT OF HEALTH

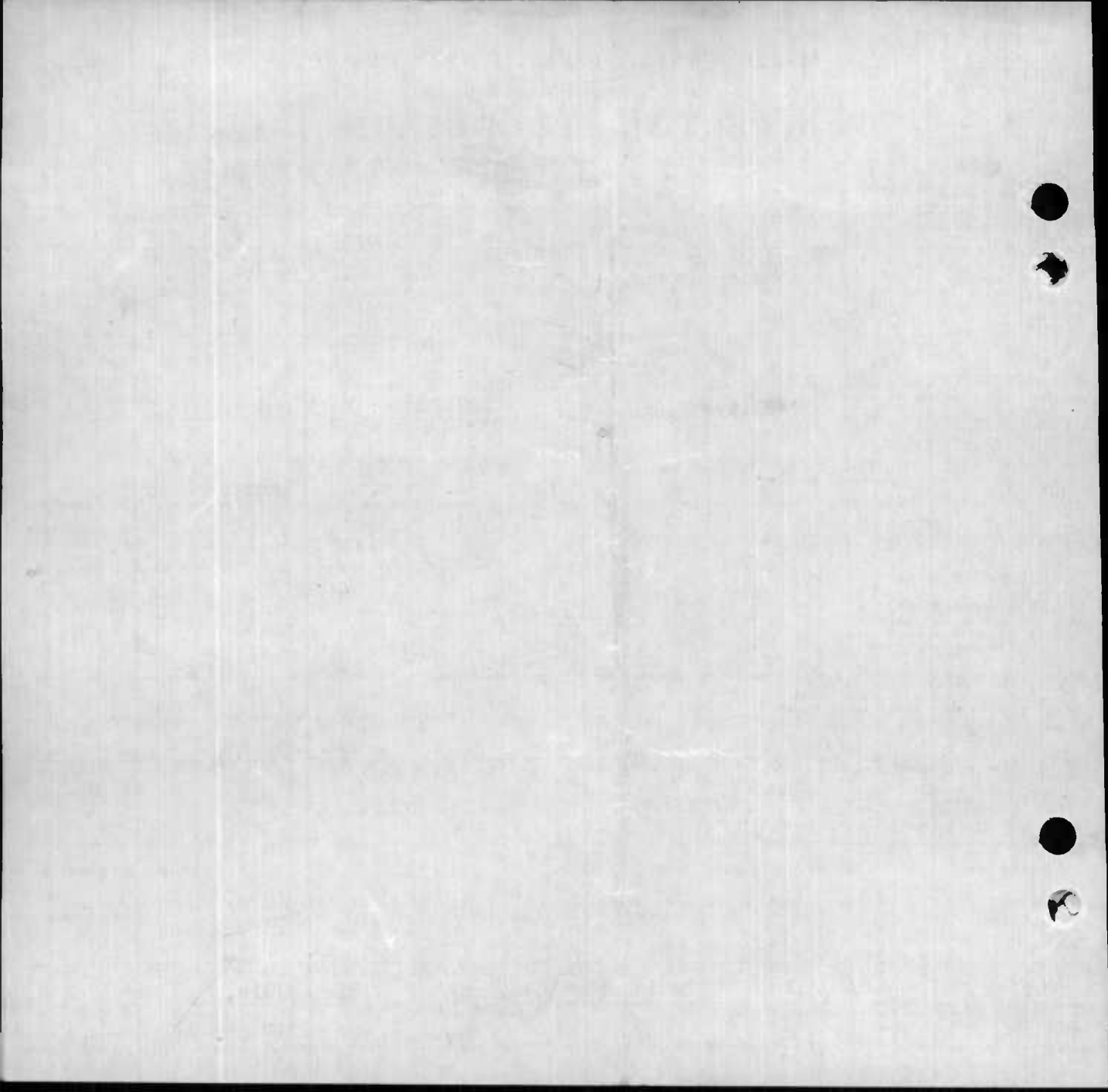
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hood Nursing Home 5313 Edmondson Avenue		STREET ADDRESS (If rural, give location) 2820 Clifton Avenue	
3. NAME OF DECEASED (Type or Print) George		4. DATE OF DEATH (Last) Yost (Month) June (Day) 28 (Year) 1951	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 16, 1867
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) St. Clerk		9b. KIND OF BUSINESS OR INDUSTRY Fidelity Finance Co.	9. AGE last birthday 83 yrs.
10. BIRTHPLACE (State or foreign country) Baltimore, Maryland		11. CITIZEN OF WHAT COUNTRY? USA	
12. FATHER'S NAME John Yost		13. MOTHER'S MAIDEN NAME	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		15. SOCIAL SECURITY No.	
16. INFORMANT AND ADDRESS George S. Yost, 215 Chancery Road		17. MEDICAL CERTIFICATION	
18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) Degenerative C.V. Disease		1 year	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis			
(c) C.A.C. Chest.			
19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. ACCIDENT SUICIDE HOMICIDE (Specify)		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-15, 1951 , to 6-28, 1951 , that I last saw the deceased live on 6/27, 1951 , and that death occurred at 12:10 P.M. , from the causes and on the date stated above.			
SIGNATURE Benjamin H. Haines		ADDRESS Baltimore	
DATE SIGNED 6/29			
23. BURIAL, CREMATION REMOVAL (Specify) burial		DATE THEREOF 6/30/51	
NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery		LOCATION (City, town, or county) (State) Pikesville, Maryland	
DATE REC'D BY LOCAL REG. JUN 30 1951		24. FUNERAL DIRECTOR Wm. Cook, Inc.	
REGISTRAR'S SIGNATURE Wm. Cook, Inc.		ADDRESS 1217 St. Paul Street	

937



610
51 5773BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5773
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

French Thomas Murphy

2. DATE
OF
DEATH

June 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION
110 E. Montgomery St.C. CITY OR TOWN (If outside corporate limits, write R.F.D. and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

110 E. Montgomery St.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 22, 1880

9. AGE (In years
last birthday)

71

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Gas Dripper

10B. KIND OF BUSINESS OR
INDUSTRY

Gas & Elect. Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

French A. Murphy

14. MOTHER'S MAIDEN NAME

Ella Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Hattie E. Murphy 1208 Bayard St.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

Immediate

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis, generalized 15 yrs.

DUE TO

(C)

CERTIFICATION APPROVED BY

CHIEF OR ASST. MEDICAL EXAMINER

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DOA, 19 , to , 19 , that I last saw the
deceased alive on DOA, 19 , and that death occurred at 730 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Nathaniel J. Pulver

M. D.

23B. ADDRESS

4034 Cedardale Rd.

23C. DATE SIGNED

6-29-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 2, 1951

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John F. Donny

25. FUNERAL DIRECTOR

John F. Donny

ADDRESS

715 Light St.

00720 0577

650

51 5774

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5774

1. NAME OF DECEASED
(Type or Print)

Vera Lee Crim

2. DATE
OF
DEATH

June 28/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

JONES HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write R.U.M. and give township)

D. STREET ADDRESS (If rural, give location)

928 Spangler Way

C. Length of stay in Baltimore

10 yrs.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9-29-27

9. AGE (In year last birthday)

23

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James C. Hughes

14. MOTHER'S MAIDEN NAME

Daisy Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

216-20-7179

17. INFORMANT

JONES HOPKINS HOSPITAL

ADDRESS

18. 572.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Ulcerative Colitis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5/29, 1951 to 6/28, 1951, that I last saw the deceased alive on 6/28, 1951, and that death occurred at 11:00 A.M. from the causes and on the date stated above.

23A. SIGNATURE

R. E. Wells

M. D.

23B. ADDRESS

JONES HOPKINS HOSPITAL

23C. DATE SIGNED

6-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR

26. ADDRESS

27. VS 150

Burial June 30/51

Catholic Cemetery

Catholic Cemetery

Catholic Cemetery

Catholic Cemetery

Catholic Cemetery

24C. NAME OF CEMETERY OR CREMATORY

Catholic Cemetery

Catholic Cemetery

Catholic Cemetery

Catholic Cemetery

Catholic Cemetery

Catholic Cemetery

24D. LOCATION (City, town, or county) (State)

Catholic Cemetery

Catholic Cemetery

Catholic Cemetery

Catholic Cemetery

Catholic Cemetery

Catholic Cemetery

25. FUNERAL DIRECTOR

Catholic Cemetery

Catholic Cemetery

Catholic Cemetery

Catholic Cemetery

Catholic Cemetery

Catholic Cemetery

26. ADDRESS

Catholic Cemetery

Catholic Cemetery

Catholic Cemetery

Catholic Cemetery

Catholic Cemetery

Catholic Cemetery

120 B

1872-73
The following is a list of the lands which have been surveyed and entered for sale by the Land Office during the year ending 31st March 1873.

Section	Area	Remarks
1	1000	...
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At a meeting of the Commission of the Land Office, held on the 10th day of April 1873, the following resolution was passed:

Resolved, That the Commission do hereby recommend that the lands which have been surveyed and entered for sale by the Land Office during the year ending 31st March 1873, should be sold at public auction, on the 1st day of May 1873, at the rate of 1000 dollars per acre.

Witness my hand and seal, this 10th day of April 1873.

COMMISSIONER OF THE LAND OFFICE

12 1873

0072

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51 5775

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

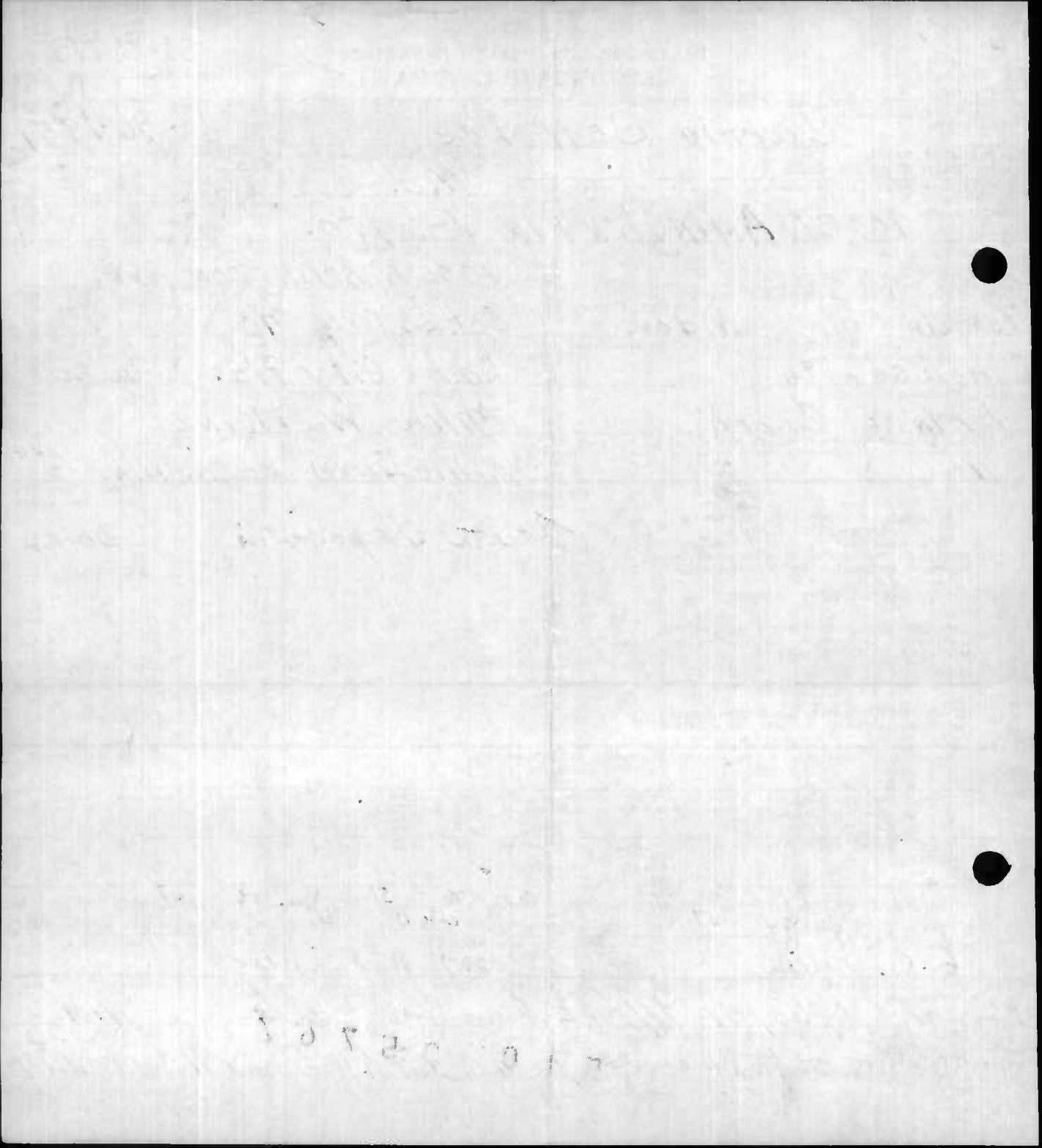
51 5775
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Carrie Bell Lee</i>		2. DATE OF DEATH <i>6-26-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1005 N. Arlington Ave</i>		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <i>Balto. 16-01</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1005 N. Arlington Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Oct. 22, 1880</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>70</i>
13. FATHER'S NAME <i>Prince Clark</i>		11. BIRTHPLACE (State or foreign country) <i>Lake City Fla.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Millie Watkins</i>	
17. INFORMANT <i>Millie Glover</i>		ADDRESS <i>1005 N. Arlington Ave.</i>	

18. <i>580X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Hepatitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 wks.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 26</i> , 19 <i>51</i> , to <i>June 26</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>June 24</i> , 19 <i>51</i> , and that death occurred at <i>4:00 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>B. L. Julian</i>		23B. ADDRESS <i>1207 Madison Ave</i>		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>6/30/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Wm. C. Williams Bur.</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Wm. C. Williams</i>		25. FUNERAL DIRECTOR <i>Wm. C. Williams</i>		ADDRESS <i>322</i>	



250
5776BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5776
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maggie Dixon

2. DATE
OF
DEATH

6-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

938 Druid Hill Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Balto.

17-01

township)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

938 Druid Hill Ave

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

May 17, 1895

9. AGE (In years

56

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laundress

10B. KIND OF BUSINESS OR
INDUSTRY

Laundry

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Levi Dixon

14. MOTHER'S MAIDEN NAME

Fannie Cornish

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Harvey Jones 938 Druid Hill Ave

18. 42011

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...

DUE TO

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

Coronary Sclerosis

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/25/51, 1951, to 6/25/51, 1951, that I last saw the
deceased alive on 6/27/51, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. Gorman M.D.

23B. ADDRESS

253 Green St

23C. DATE SIGNED

6/29/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

July 2, 1951

24C. NAME OF CEMETERY OR CREMATORY

Arboretus Memorial Arboretus

24D. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUN 30 1951

25. FUNERAL DIRECTOR

1908 N. E. 5th St. 3329 N. Charles St.

ADDRESS

80530017

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5777
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Freda E. Beck		2. DATE OF DEATH 6-28-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1651 Covington St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 80		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore 24-04	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1651 Covington St.	
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH 10-25-1885
			9. AGE (In years last birthday) 65 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME George Roenke		14. MOTHER'S MAIDEN NAME Bertha	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Family - Same		ADDRESS _____	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Chronic Myocardial Degeneration DUE TO (B) Arteriosclerosis DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH 2 yr. 2 yr.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-1-1949** to **6-28-1951**, that I last saw the deceased alive on **6-28-1951** and that death occurred at **11 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE Asafallo	23B. ADDRESS 707 E. Fort Ave.	23C. DATE SIGNED 6-30-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) B.	24B. DATE 7-2-51	24C. NAME OF CEMETERY OR CREMATORY Louisa Park	24D. LOCATION (City, town, or county) (State) Baltimore
--	----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1951	REGISTRAR'S SIGNATURE William H. Williams, M.D.	25. FUNERAL DIRECTOR'S ADDRESS James L. DeLong 13. E. Fort Ave.
--	---	---

THE UNIVERSITY OF CHICAGO

Letter to the
Honorable Court of

Examiners

of the University of

Chicago

Chicago, Illinois

June 10, 1907

Dear Sirs:

I have the honor to

acknowledge the receipt

of your letter of the

10th inst.

and in reply to

inform you that the

same has been

forwarded to the

proper authorities

for their consideration.

Very respectfully,
[Signature]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5778

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Alvin Cook

2. DATE
OF
DEATH

June 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONU. S. Marine Hospital,
Baltimore, Md.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

Dorchester

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cambridge

D. STREET ADDRESS (If rural, give location)

215 Haywood Street

C. Length of stay in Baltimore

69

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jul 26, 1889

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seafaring - Master

10B. KIND OF BUSINESS OR
INDUSTRY

Seafaring

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Herman Cook

14. MOTHER'S MAIDEN NAME

not given

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.
unknown

17. INFORMANT

ADDRESS

Records, U.S. Marine Hospital, Balto., Md.

18. 163x I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma, left main bronchus

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ ND ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 1951, to June 29, 1951 that I last saw the deceased alive on June 29, 1951 and that death occurred at 9:30 pm, from the causes and on the date stated above.

23A. SIGNATURE

Richard A. Saavedra M.D.

23B. ADDRESS

U.S. Marine Hospital, Balto., Md. 6-30-51

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

7-2-51

24C. NAME OF CEMETERY OR CREMATORY

East New Market Cem. East New Market, Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Pickney & Sons

VS 150

240 55 By. Wm. J. Roache, Jr. 47c

518

June 22, 1961

Willie Alice Cook

Memphis

St. James Hospital
Memphis, TN

215 Madison Street

68

Vol No. 1282

Male White Married

St. James

Seating - Doctor - Seating

not given

Green Cook

St. James Hospital, Memphis, TN

Admission

Admission

Admission - 11:00 AM

61

April 22

40

61

June 22

St. James Hospital, Memphis, TN

610

51 5779

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5779
Registered No.

1. NAME OF DECEASED (Type or Print)		ALICE THORPE		2. DATE OF DEATH June 28, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3141 Baker Street		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore			
C. Length of stay in Baltimore 17 yrs		D. STREET ADDRESS (If rural, give location) 3141 Baker Street			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept. 10, 1883	9. AGE (in years, last birthday) 67	10. Under 1 Year Months: Days: 11. Under 24 Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Halifax Co. Va.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME William Jackson		14. MOTHER'S MAIDEN NAME Eliza ??????	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Angie Clark 3141 Baker Street	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 1 hr.		(A) DUE TO		(B) DUE TO Atherosclerotic heart disease ??	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/3/1951 to 6/27/1951 that I last saw the deceased alive on 6/28/1951 and that death occurred at 4 P. M., from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 1737 E. North Ave		23C. DATE SIGNED 6/30/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 1, 1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	
24D. LOCATION (City, town, or county) (State) Anne Arundel Co. Md.		24E. FUNERAL DIRECTOR Hopland Funeral Home		24F. ADDRESS 1631 Druid Hill Ave.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR Hopland Funeral Home	

1973-1974

OFFICE OF THE DIRECTOR

STATE OF NEW YORK

IN SENATE

JANUARY 10, 1974

REPORT OF THE

COMMISSIONER OF

THE STATE OF NEW YORK

TO THE SENATE

AND ASSEMBLY

FOR THE YEAR 1973

AND FOR THE YEAR 1974

TO THE SENATE

AND ASSEMBLY

FOR THE YEAR 1973

AND FOR THE YEAR 1974

TO THE SENATE

AND ASSEMBLY

FOR THE YEAR 1973

AND FOR THE YEAR 1974

TO THE SENATE

AND ASSEMBLY

51 5780

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5780
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY EMMA BUECHLER

2. DATE
OF
DEATH

June 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4224 Woodlea Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4224 Woodlea Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 19, 1893

9. AGE (in years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Connecticut

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alexander P. Hatch

14. MOTHER'S MAIDEN NAME

Millie Bond

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Christian Buechler - 4224 Woodlea Ave

18. 410 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerosis, Coronary
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerosis generalized
DUE TO

(C) Endocarditis (Mitral Insufficiency)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Jan 20, 1951, to June 29, 1951, that I last saw the
deceased alive on June 29, 1951, and that death occurred at 8:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/2/51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park

24D. LOCATION (City, town, or county)

Balto. Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 9 1951

K. H. Williams

Mr. S. J. Pickens

9213 Balto, Md.

Enneanotus (Hutchinson)
Enneanotus (Hutchinson)

[Faint, illegible handwriting]

600 51 5781

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5781

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY KNIGHT EYRE

2. DATE
OF
DEATH

June 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Long Green Nursing Home
115 E. Melrose Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-02D. STREET ADDRESS (If rural, give location)
Greenway Apts. - Charles & 32nd Sts.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Mar. 9, 1883

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Oil Truck Equipment

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Eyre

14. MOTHER'S MAIDEN NAME

Lettie Worstall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Allien W. Eyre - Greenway Apts.

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Cerebral Arteriosclerosis

?

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Parkinson's Disease

3 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from June 26, 1951, to June 29, 1951, that I last saw the
deceased alive on June 26, 1951, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

8 Longwood Road

6/29/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Removal

24B. DATE

7/1/51

24C. NAME OF CEMETERY OR CREMATORY

Newton Cem.

24D. LOCATION (City, town, or county)

Newton, Pa.

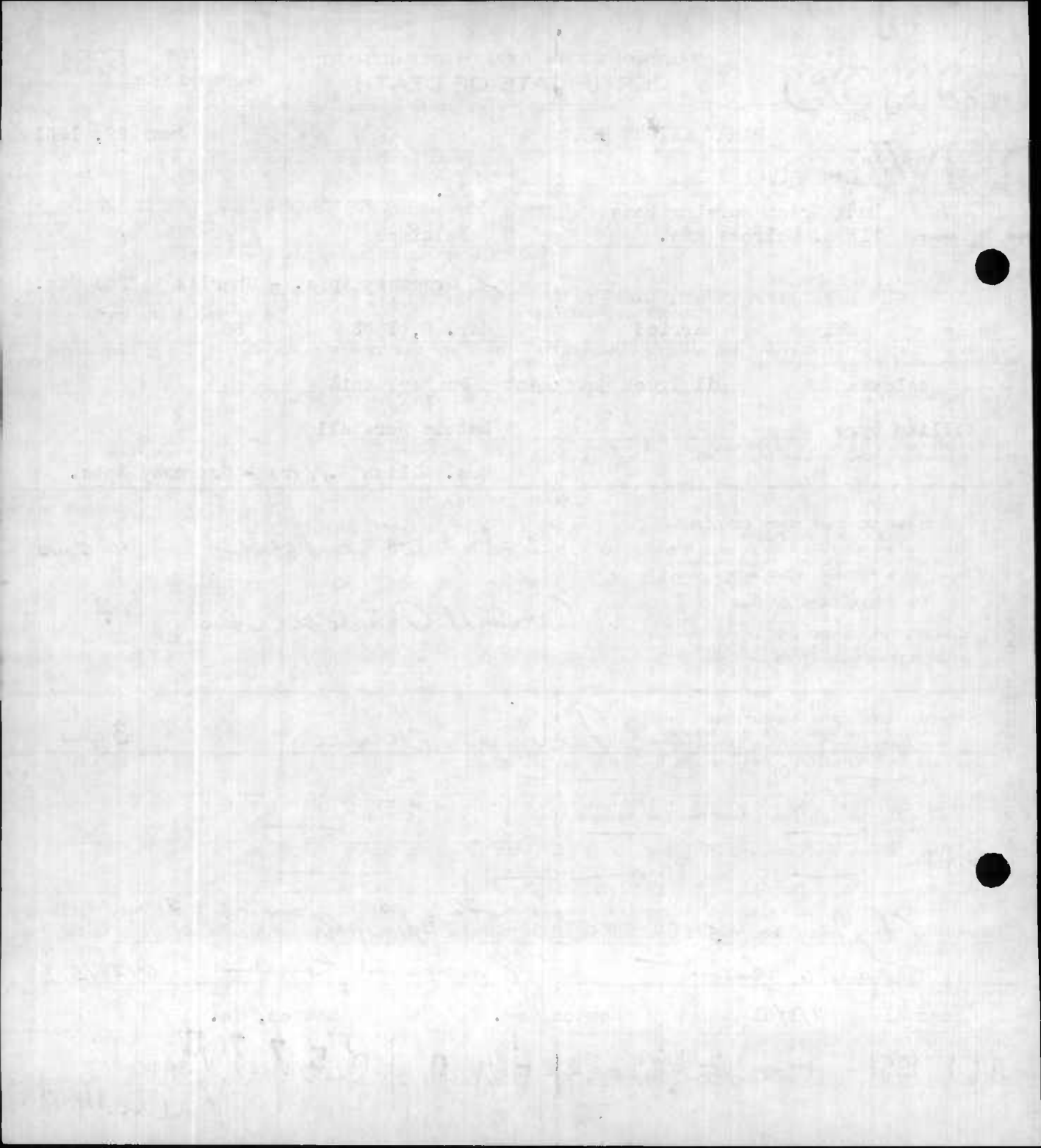
(State)

DATE RECEIVED BY
LOCAL REGISTRAR
JUL 1 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 5782

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5782
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE TICKNER

2. DATE
OF
DEATH

June 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4919 West Hills Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4919 West Hills Rd.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Nov. 1, 1869

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Manager (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Bowling Alley

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William J. Tickner

14. MOTHER'S MAIDEN NAME

Margaret Pumphrey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Paul Dunlap - 4919 West Hills Rd.

18. 260x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chr. myocarditis

1945

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Chr. Interstitial nephritis
& diabetes mellitus

1945

DUE TO

(C)

1951

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Dec 1 - 1950 to June 29, 1951, that I last saw the
deceased alive on June 28, 1951, and that death occurred at 8 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Entombment

7/2/51

Lorraine Mausoleum

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

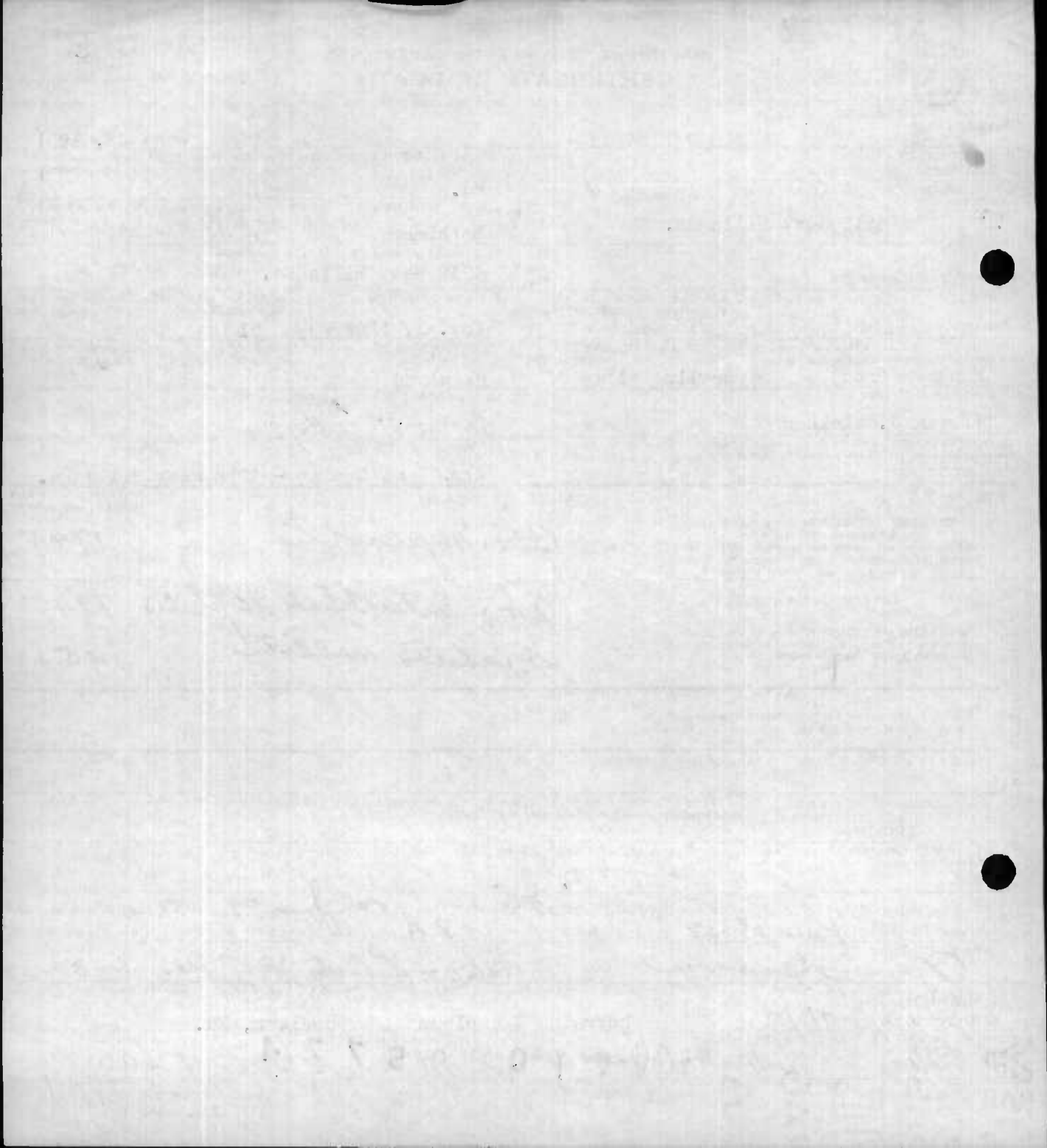
ADDRESS

JUL 1 1951

Lorraine Mausoleum

J. M. 5. Tickner & Sons

Baltimore, Md.



51 5783

30 JL 149686

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5783

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Virginia Trott

2. DATE
OF
DEATH

6-30-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Annapolis Rd. A. A. Co.,

D. STREET ADDRESS (If rural, give location)

Admiral Drive RFD 4 Box 1058

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 18, 1948

9. AGE (In years last birthday)

3

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James M. Trott

14. MOTHER'S MAIDEN NAME

Gladys McKensey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. 080.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bulbar Polio

DUE TO

9 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6/23/1951

19B. MAJOR FINDINGS OF OPERATION

Bulbar Poliomyelitis-Tracheotomy

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-23-51, 19, to June 30, 1951, that I last saw the deceased alive on June 30, 1951, and that death occurred at 1.50AM., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Rogers M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

6-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

JUL 1 1951

VS 150

MEDICAL CERTIFICATION

36

See Document File 51-5783

7/12/51

ES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) Bertha M Simon

2. DATE OF DEATH
June 30, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
Riviera Apts.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, Maryland

Length of stay in Baltimore Life

D. STREET ADDRESS (If rural, give location)
Riviera Apts. Lake Drive & Linden Ave

5. SEX
Female

6. COLOR OR RACE
White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH
Dec 27, 1869

9. AGE (In years last birthday)
81

10. Under 1 Year
Months 6 Days 3

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
House-wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
William May

14. MOTHER'S MAIDEN NAME
Amalie Straus

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr. Alan Wurtzburger 2D Riviera Apts

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 420.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Occlusion
DUE TO
(B) Generalized Arterio-Sclerosis
DUE TO
(C) Coronary Artery Disease

INTERVAL BETWEEN ONSET AND DEATH
1 day
years
5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Acute Pulmonary Edema

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 4th 1951, that I last saw the deceased alive on Jan 14th 1951, and that death occurred at 11 PM from the causes and on the date stated above.

23A. SIGNATURE
H. Low. Principal

23B. ADDRESS
Cannon Hill. Bal. 17, Md. Jan 10, 1951

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
July 1, 1951

24C. NAME OF CEMETERY OR CREMATORY
Baltimore Hebrew

24D. LOCATION (City, town, or county) (State)
Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE
Huntington Williams

25. FUNERAL DIRECTOR

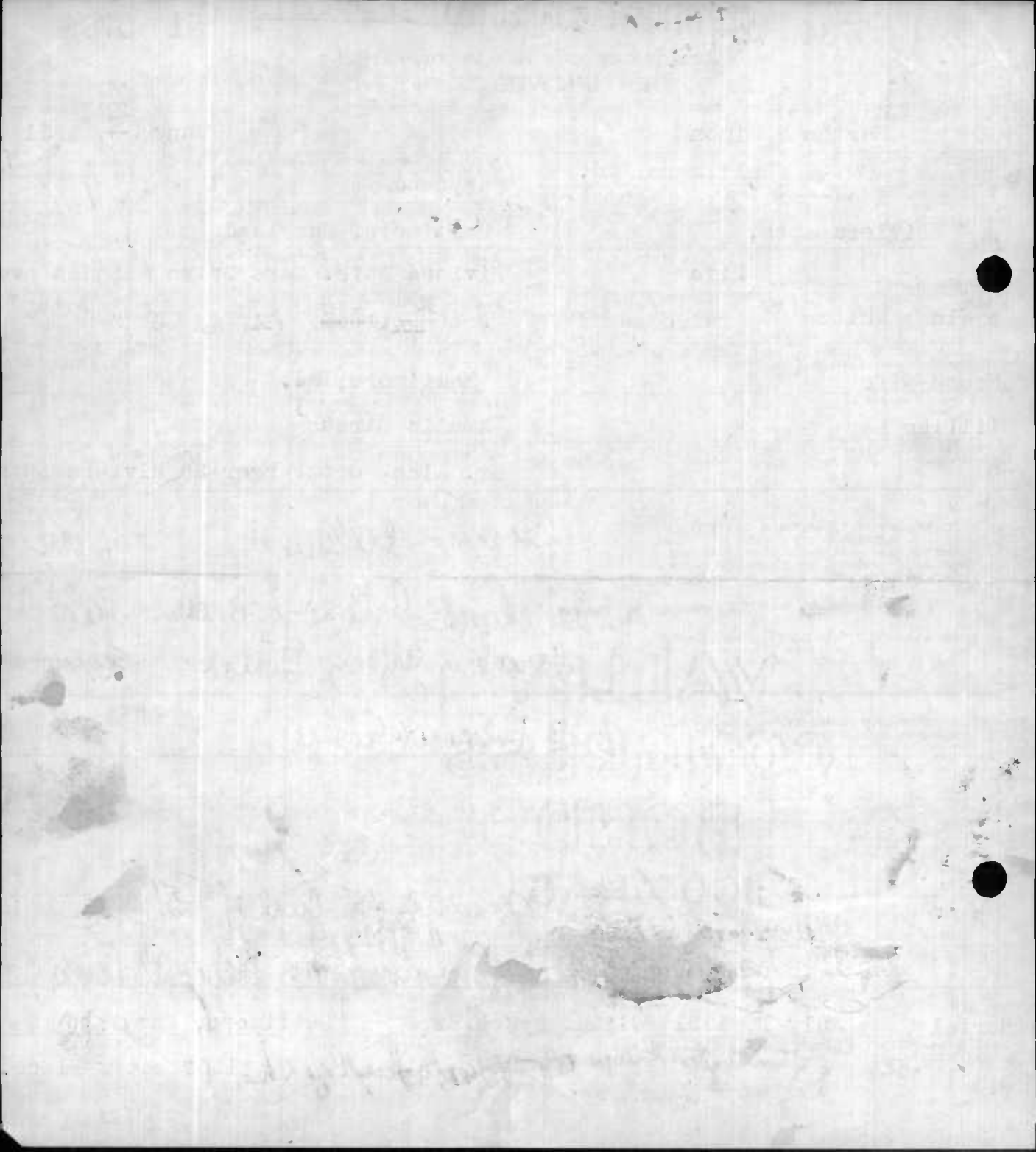
ADDRESS

JUL 1 1951

VS 150

1902 Eutaw Place.

94a



51 5785

51 5785

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RAY HERLING

2. DATE
OF DEATH 6-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2919 Rockrose Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-12D. STREET ADDRESS (If rural, give location)
2919 Rockrose Avenue

Length of stay in Baltimore

50 years

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Dec. 5, 1880

9. AGE (In years last birthday)
70

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife10B. KIND OF BUSINESS OR INDUSTRY
own home11. BIRTHPLACE (State or foreign country)
Russia12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Isaac Brown

14. MOTHER'S MAIDEN NAME
Sarah Rottenberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Esther Herling 2919 Rockrose Avenue

18. 345X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Pneumonia

DUE TO

2 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Multiple sclerosis

DUE TO

3 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

M.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 1951, to June 29, 1951, that I last saw the deceased alive on June 29, 1951, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

July 1, 1951

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 1 1951

L. H. Williams, M.D.

Sol Levinson & Broz - 1124 W. North Avenue

VS 150

877

MEDICAL CERTIFICATION

31

3

VALLEY

COMMITTEE

BOARD

1000

2000

3000

4000

5000

6000

7000

8000

9000

10000

11000

12000

13000

14000

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16000

17000

18000

19000

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243 51 5786

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5786
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN. F. JOSELOWITZ

2. DATE
OF
DEATH

6-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland/1701 No 6th Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Fennblatt Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4011 Frederick Ave

C. Length of stay in Baltimore

40

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR
INDUSTRY

8. DATE OF BIRTH

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Theodore

Gen. Agent (R)

14. MOTHER'S MAIDEN NAME

Beane

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Albert Joselowitz - Same

18. 491X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Broncho pneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

cerebral arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

3 days

3 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan. 15, 1951, to June 29, 1951, that I last saw the deceased alive on June 27, 1951, and that death occurred at 1:47 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Rasmus

M. O.

23B. ADDRESS

206 S. John St.

23C. DATE SIGNED

6-29-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7-1-51

24C. NAME OF CEMETERY OR CREMATORY

Herring Run

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 1 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewin, 2100 Eutaw Pl

VS 150

2906C

107

MEDICAL CERTIFICATION

206 So Elmwood Ave

51 5787

51 5787

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JACOB CARROLL ASNER

2. DATE
OF
DEATH

6-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hosp.

C. Length of stay in Baltimore

55 yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Producer Business

10B. KIND OF BUSINESS OR
INDUSTRY

Producer Business

13. FATHER'S NAME

Moses ASNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Dec 25, 1895

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Anna Wasserstein

17. INFORMANT

Dorothy Asner -

ADDRESS

Lanue

18. 42010

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Diabetes mellitus

18 yrs.

(C) DUE TO

Arteriosclerotic heart disease ? yrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Thromboangitis obliterans

? years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 June 1951, to 29 June 1951, that I last saw the
deceased alive on 29 June 1951, and that death occurred at 3:00 P. M., from the causes and in the manner stated above.

23A. SIGNATURE

Alfred S. Nelson

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

June 29, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/1/1951

24C. NAME OF CEMETERY OR CREMATORY

Wash. Blvd.

24D. LOCATION (City, town, or county)

Baltimore

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

2100 Eutaw Place

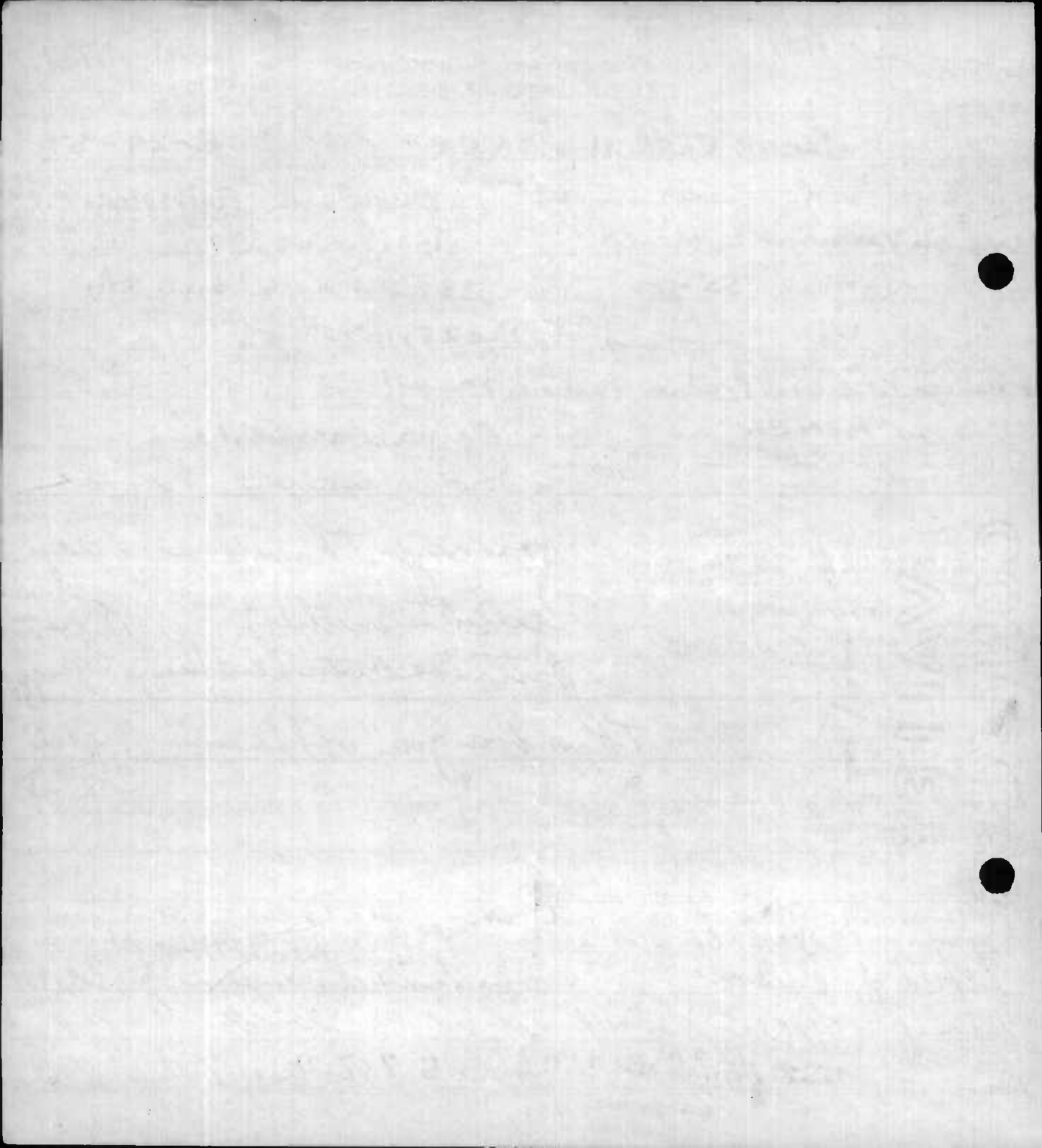
ADDRESS

VS 150

2906A

61

MEDICAL CERTIFICATION



524 51 5788

51 5788

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Engelmyer, Bonna Mary		2. DATE OF DEATH June 29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR RESIDENCE St. Joseph's		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03	
Length of stay in Baltimore 39 yr. Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 139 E. 28th St.	
5. SEX F	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 29, 1904
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife.		10B. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (in years last birthday) 46
13. FATHER'S NAME HOLL DAME		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? Virginia	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Lelia Lynn Stockton	
17. INFORMANT MR. DONALD M. Engelmyer		ADDRESS SAME	

18. **581.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) _____
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____

Hepatic coma
Portal cirrhosis.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 7-2-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK WORK AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 20, 1951** to **June 29, 1951** that I last saw the deceased alive on **June 29, 1951** and that death occurred at **6:40 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE [Signature]	23B. ADDRESS 1100 N. Caroline St.	23C. DATE SIGNED June 29, 1951
--------------------------------------	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7-2-51	24C. NAME OF CEMETERY OR CREMATORY Moreland Mem Park	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR JUL 1 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR L. J. Ruck	ADDRESS 5305 Hartford Rd.

3005

1000

1000

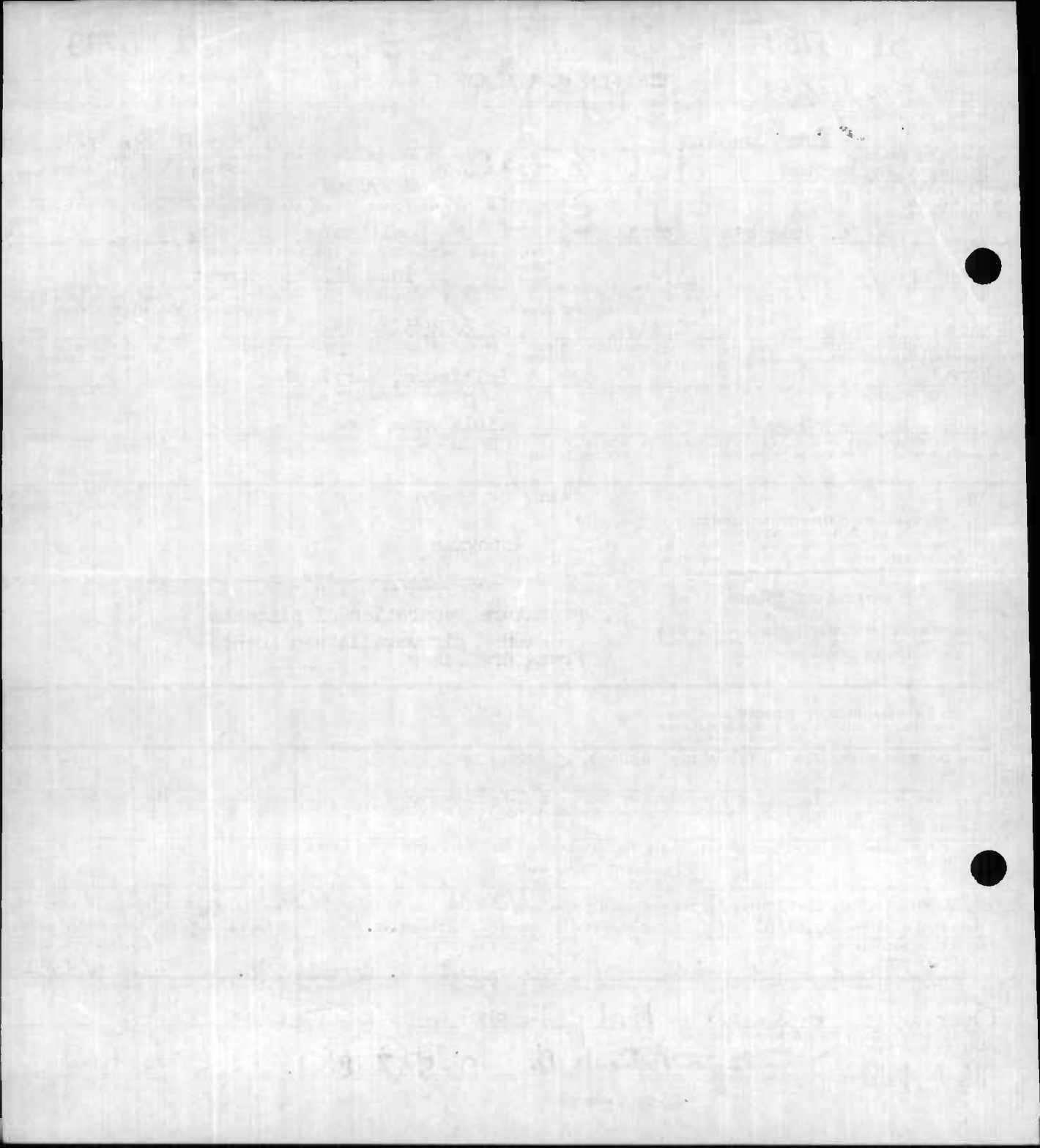
1000

1000

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51 5790

51 5790

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Ellen Henneberger

2. DATE
OF
DEATH

June 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3912 Greenmount Ave

C. CITY OR TOWN

Balto. Md. 12-01

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3912 Greenmount Ave.

C. Length of stay in Baltimore

abt. 75 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 12, 1878

9. AGE (In years

last birthday)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Dennis

14. MOTHER'S MAIDEN NAME

Ellen Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Henry C. Henneberger

3912 Greenmount Ave.

18. 442X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Acute Cardiac Decompensation
DUE TO Hypertension, Cardio-vascular
renal disease

8 DAYS.

10 YRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertrophic arthritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 21, 1944 to June 29, 1951, that I last saw the
deceased alive on June 29, 1951, and that death occurred at 8:05 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor

M. D.

23B. ADDRESS

3902 Greenmount Ave.

23C. DATE SIGNED

June 29, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/2/1951

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Ave.

24D. LOCATION (City, town or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 1 1951

REGISTRAR'S SIGNATURE

Lloyd E. Saylor

25. FUNERAL DIRECTOR

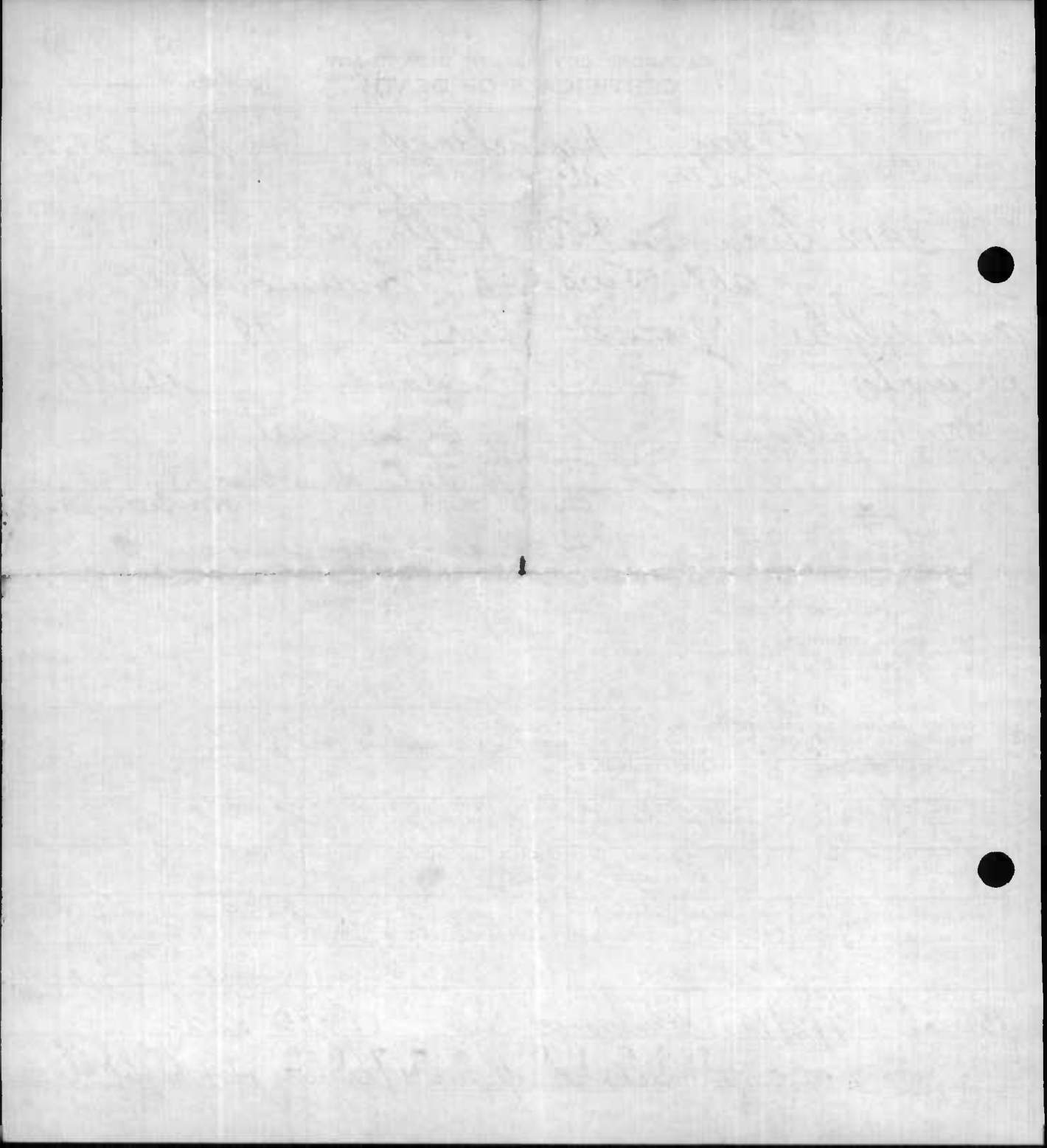
Thyges & Fleming 1426 Light St.

ADDRESS

VS 150

131a

MEDICAL CERTIFICATION



300

51 5791

CERTIFICATE CORRECTED 7-24-51

51 5791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY G. REED

2. DATE
OF
DEATH

6-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

80 1827 W. FAYETTE ST.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

APRIL 30, 1873

9. AGE (In years,
last birthday)

78

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE KEEPER

10B. KIND OF BUSINESS OR
INDUSTRY

SELF

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JACOB BRIVOGEL

14. MOTHER'S MAIDEN NAME

Unknown Barbara Dollenger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rev. Robert Red - St. Bridget Church

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Atherosclerotic C.V.D.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN, 1944 to June, 1951, that I last saw the
deceased alive on 6/28, 1951, and that death occurred at 6:17 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

3325 Frederick Ave

6/30/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

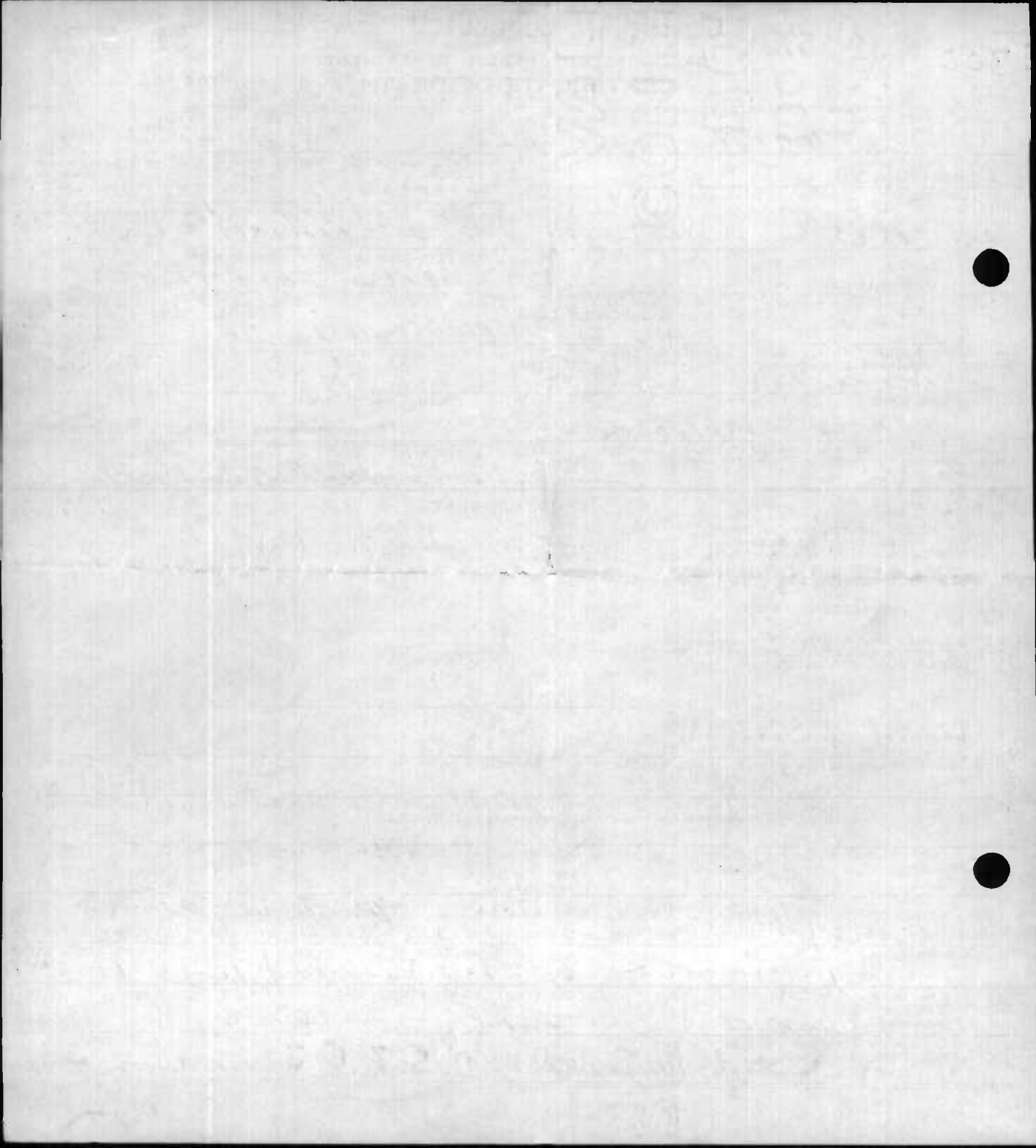
25. FUNERAL DIRECTOR

ADDRESS

JUL 1 1951

VS 150

937



200 51 5792
ND-125953

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5792
Registered No.

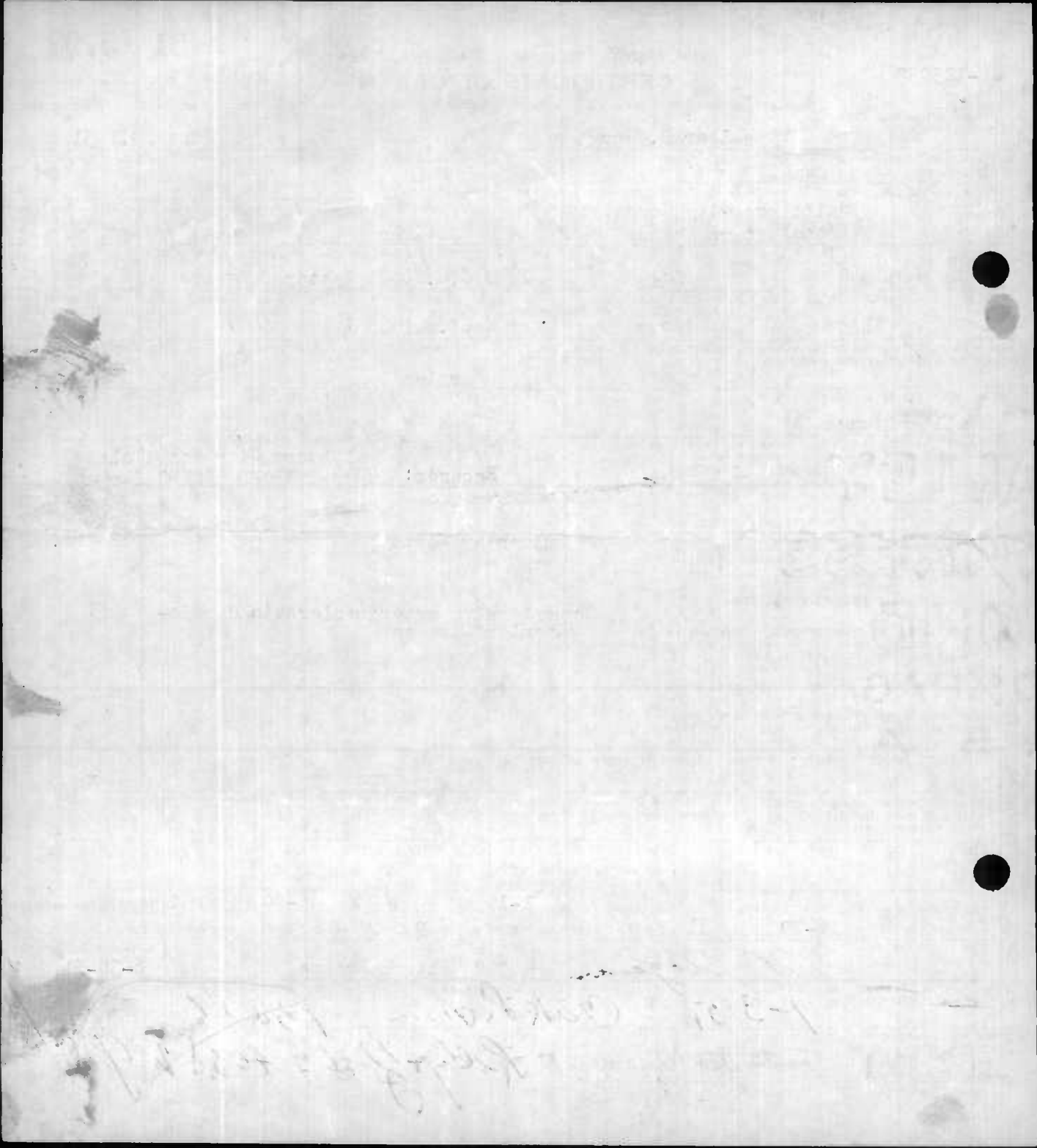
1. NAME OF DECEASED (Type or Print) Walter H. Gough		2. DATE OF DEATH June 29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 8, 1886 ?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 64 ?
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Gough		14. MOTHER'S MAIDEN NAME Emma Ey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue			

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pulmonary Edema DUE TO (A)		INTERVAL BETWEEN ONSET AND DEATH 12 Hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive arteriosclerotic cardiovascular Disease DUE TO (B)		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7-3-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-10 , 19 49 , to 6-29 , 19 51 , that I last saw the deceased alive on 6-29 , 19 51 , and that death occurred at 2 p m., from the causes and on the date stated above.					
23A. SIGNATURE J. S. Rogers		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 6-30-51	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 7-3-51		24C. NAME OF CEMETERY OR CREMATORY Cook Room		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR JUL 2 1951		REGISTRAR'S SIGNATURE Wilmington Williams		25. FUNERAL DIRECTOR Wilmington Williams		ADDRESS 4940 Eastern Avenue	

93



51 5793
163BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Charles H. Eppert.</i>		2. DATE OF DEATH <i>JUL 1 - 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>W. Va.</i> B. COUNTY <i>V-45</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Clarksburg</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>405 Broadway</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S.</i>	8. DATE OF BIRTH <i>5-31-80</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <i>71</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Ohio</i>	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
14. MOTHER'S MAIDEN NAME		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. ADDRESS		18. 420.1	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>myocardial infarction</i>		DUE TO			
(B) <i>generalized atherosclerosis</i>		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>7-1-51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *6-12-*, 1951, to *7-1-*, 1951, that I last saw the deceased alive on *7-1-*, 1951, and that death occurred at *240 Am.*, from the causes and on the date stated above.

23A. SIGNATURE <i>John Burroughs</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>7-1-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7-4-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cincinnati</i>	24D. LOCATION (City, town, or county) (State) <i>Cincinnati Ohio</i>		

DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 2 1951</i>		REGISTRAR'S SIGNATURE <i>Timothy Williams</i>		25. FUNERAL DIRECTOR <i>Lilly Taylor</i>	
VS 150				ADDRESS <i>-4038 Voyer 94a</i>	

10 45 10 45

1850

51 5794
600BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

DAVID S. BARRY

2. DATE
OF
DEATH

JUNE 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Mbg 1

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

22

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

District of Columbia

V-48

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Washington

D. STREET ADDRESS (If rural, give location)

16 KALORAMA CIRCLE

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MALE

WHITE

MARRIED

8. DATE OF BIRTH

7-24-88

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Army Off.

10B. KIND OF BUSINESS OR
INDUSTRY

U.S.A.

11. BIRTHPLACE (State or foreign country)

Wash. D.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

DAVID BARRY

14. MOTHER'S MAIDEN NAME

CORA BONNEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

W.W. #1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 355X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		Cortical atrophy of brain	
(B) DUE TO			
(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
✓				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-27-1951, to 6-30-1951, that I last saw the deceased alive on 6-30-1951, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE Anne B. Mc Kusick M. D. 23B. ADDRESS JOHNS HOPKINS HOSPITAL 23C. DATE SIGNED 7/1/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify) 24B. DATE 7-5-51 24C. NAME OF CEMETERY OR CREMATORY Arlington Nat'l 24D. LOCATION (City, town, or county) Arlington, Va. (State)DATE RECEIVED BY
LOCAL REGISTRAR JUL 2 1951 REGISTRAR'S SIGNATURE Wm. H. Williams, M.D. 25. FUNERAL DIRECTOR Walter A. E. Gaddes - 1756 Pa. Ave. ADDRESS

VS 150

395 91

87 E. Wash., D.C.

VALLEY
CONCRETE

BOND

FOR

1954

1954

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Margaret Zuebert

2. DATE OF DEATH
6/29/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) Baltimore City Hospitals (location)

4940 Eastern Avenue

C. Length of stay in Baltimore life Yrs. Mos. Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Nov. 6, 1880

9. AGE (in years last birthday)

70

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

X.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

13. FATHER'S NAME

George Dimler

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Barbara Krueger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospital Records: 4940 Eastern Avenue

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Arteriosclerotic Cardiovascular Disease with Cardiac Failure

Over 6 Mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary Infarction, left upper lobe

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/28 1951, to 6/29 1951, that I last saw the deceased alive on 6/29 1951, and that death occurred at 9AM m., from the causes and on the date stated above.

23A. SIGNATURE

J.S. Rogers

23B. ADDRESS

M. D. 4940 Eastern Avenue

23C. DATE SIGNED

6-29-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

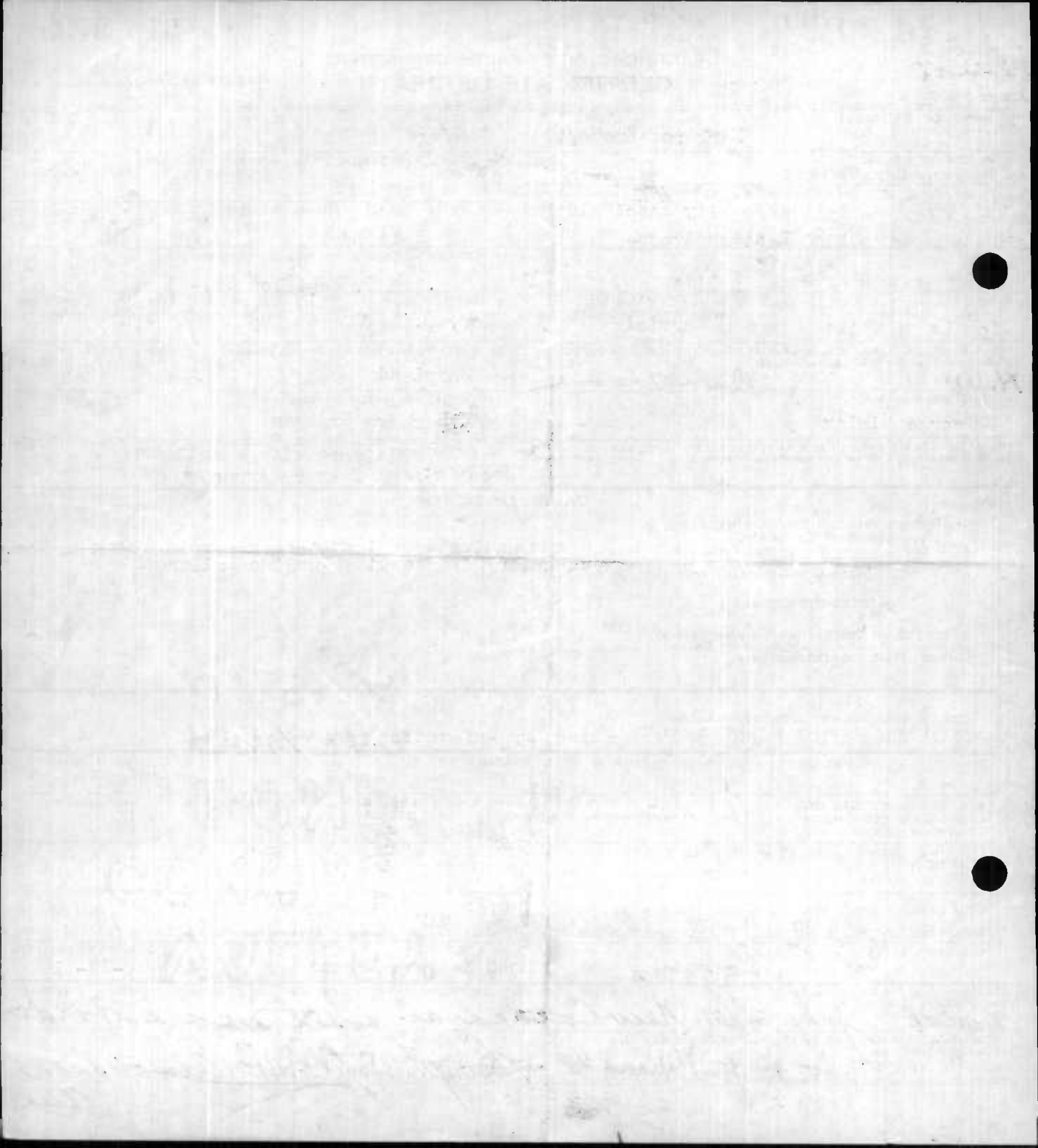
25. FUNERAL DIRECTOR

ADDRESS

JUL 2 1951

T. Williams, M.D.

Theright, 4131 Edmondson



51 5796

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5796

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLA HICKS

2. DATE
OF
DEATH

6-27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University H.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

B

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

(Separated)

B. DATE OF BIRTH

1-1-1891

9. AGE (in years
last birthday)

60

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Philip Wilson

14. MOTHER'S MAIDEN NAME

Matilda

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, or or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Eleanor Hicks (D) 536 N. Carrollton

18. 580X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Probable acute yel.
atrophy

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-27, 1951, to 6-27, 1951, that I last saw the
deceased alive on 6-27, 1951, and that death occurred at 10:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Hubert K. Speers

23B. ADDRESS

University H.

23C. DATE SIGNED

6-27-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/2/51

24C. NAME OF CEMETERY OR CREMATORY

St. Peters Com

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 2 1951

REGISTRAR'S SIGNATURE

Tunington Williams, Jr.

25. FUNERAL DIRECTOR

Chas G. Cooper-512 Carrollton Av

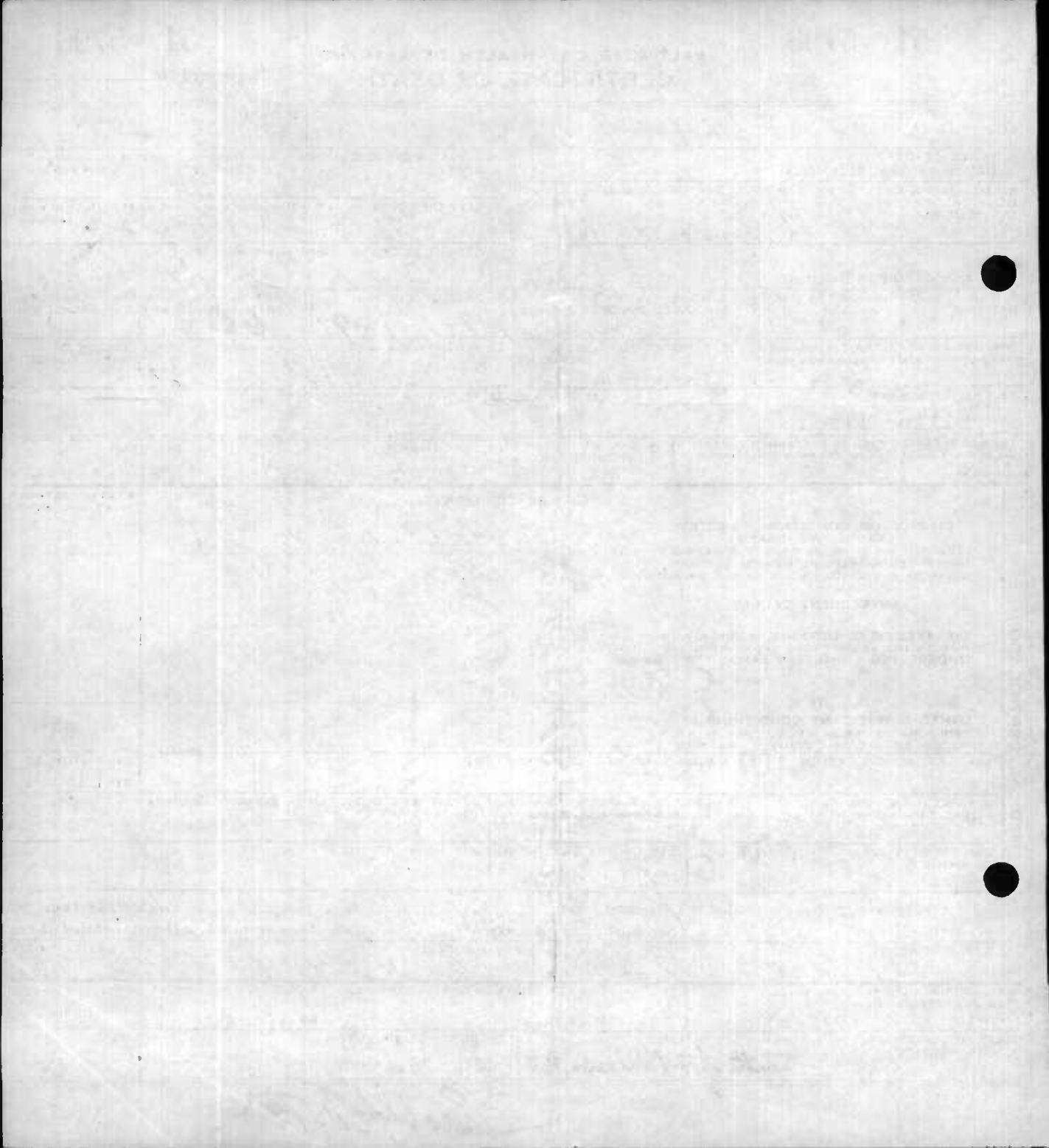
ADDRESS

VS 150

125a

MEDICAL CERTIFICATION

Correct age



21 51 5797

51 5797

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)ALSO KNOWN AS WILLIAM
VINCENT TARSEFSKI (GoFus)2. DATE
OF
DEATH

6-28-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Louis Balto. Gen. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 18-03

D. STREET ADDRESS (If rural, give location)

919 W Lombard St.

C. Length of stay in Baltimore

46 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

66

Months

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

T. H. L. O. R. Coal Miner

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

CHARLES TARSEFSKI (M)

14. MOTHER'S MAIDEN NAME

Yulerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

2615601-8936
SECURITY NO.
217-01-8936

17. INFORMANT

ADDRESS

PAULINE CUCULIS 919 W Lombard St

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO

(B) DUE TO

(C) DUE TO

Nephro-sclerosis

Hyp C. & D. Disease

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 5-28, 1957, to 6-28, 1957, that I last saw the deceased alive on 6-28, 1957, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

22A. SIGNATURE

H. C. P. Quincio

M. O.

22B. ADDRESS

1213 K1647 St

22C. DATE SIGNED

6-28-57

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Buried

7-2-51

Holy Redeemer

Bellevue Rd.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 2 1951

Wilmington, Delaware

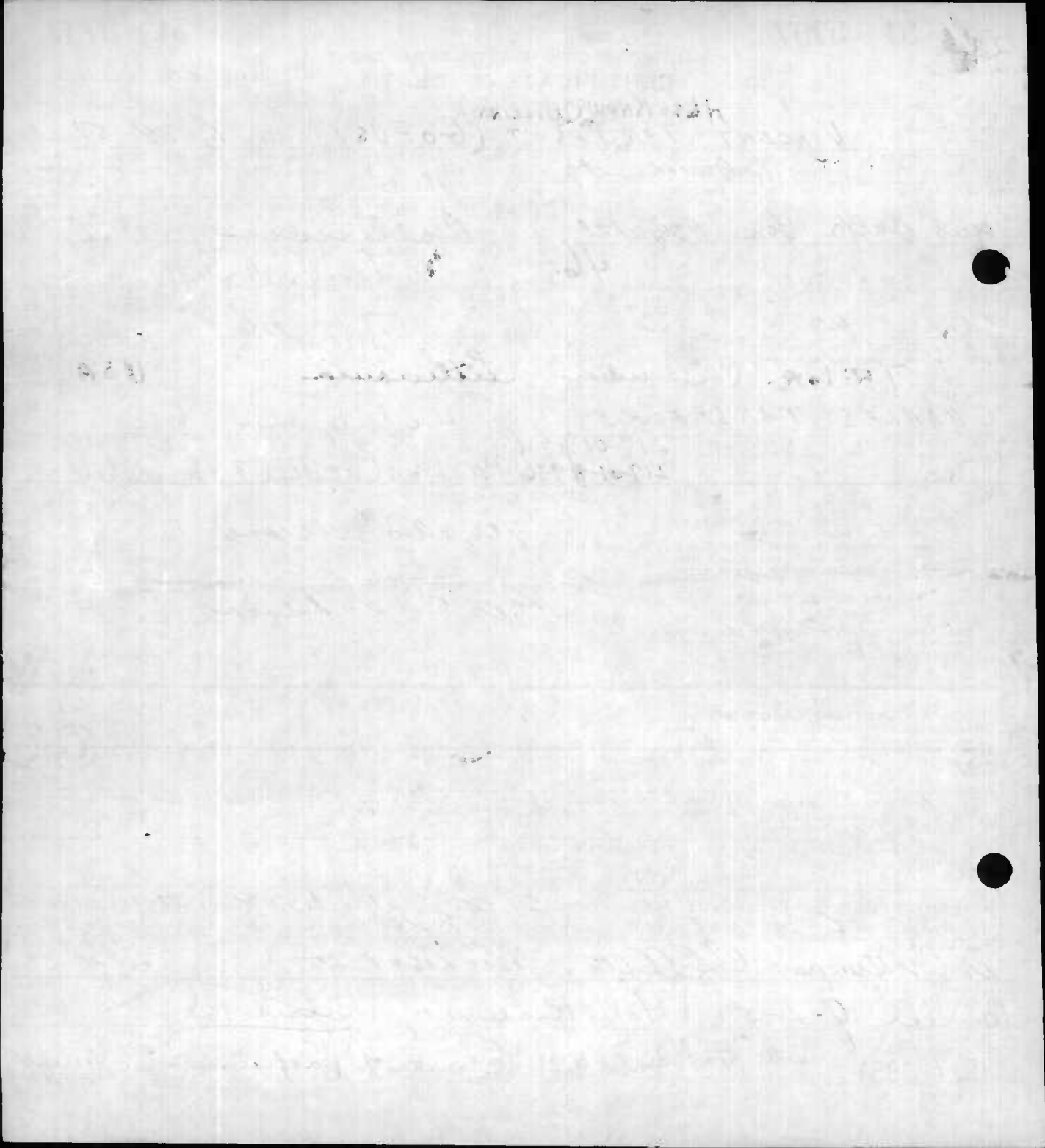
Charles W. Gachmush 703 N. K. Ave. #6

VS 150

5904G

131a

MEDICAL CERTIFICATION



362 51 5798

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5798

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Bay Yodris

2. DATE
OF
DEATH

7-1-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

Lutheran Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3502 Mc Henry St - 23

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)H Under 1 Year
Months: Days: H Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknowns) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 770.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Jaundice (Hep?)

12 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Prematurity

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 6-27, 1951, to 7-1, 1951 that I last saw the
deceased alive on 7-1, 1951, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

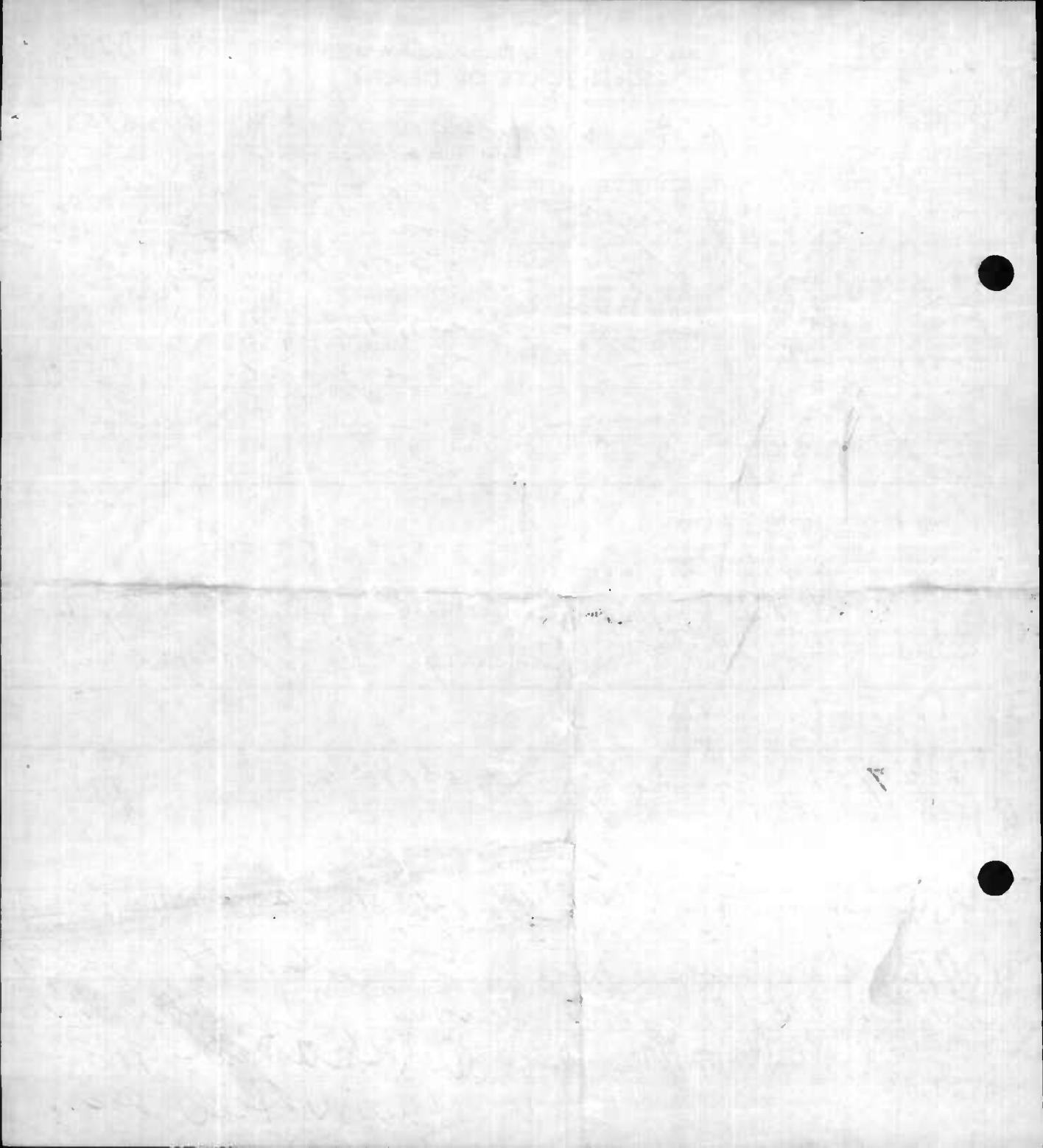
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 5800

51 5800

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Olivia Brown*2. DATE
OF
DEATH*June 29-57*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *2428 Brentwood*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE *md* B. COUNTY _____ before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION _____C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto *12-03*

C. Length of stay in Baltimore

*Life*Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
2428 Brentwood

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Estella Ennols *2428 Brentwood*18. *331X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Cerebral Hemorrhage*

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH*5 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from *June 23, 1957*, to *June 29, 1957*, that I last saw the
deceased alive on *June 29, 1957*, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150


MEDICAL CERTIFICATION

83a

16-9

16-9-57

44



12-13-14

5408

have been the same.

220 51 5801

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5801
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES

HUGHES

2. DATE
OF
DEATH June 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE
B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

418 Hutchins Street

Hutchins

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY
atlantic transport co

13. FATHER'S NAME

Joseph Hughes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

47-01-9664

17. INFORMANT

ADDRESS

Beulah McCarroll 1026 Briscoe St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

6-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

MEDICAL CERTIFICATION

Burke H. Coraill

1625

how

655 51 5802

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5802
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jame Shannon Bowerman

2. DATE
OF
DEATH

July 1 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

66 4700 Harford Rd N Home

29

Yrs.

Mos.

Days

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Md.

b. COUNTY

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

d. STREET ADDRESS (If rural, give location)

4917 Athambra St. 27-10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Calvert Co.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

George B Shannon

14. MOTHER'S MAIDEN NAME

Derissa Corey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Brays S Bowerman. LaBelle Ave Ruxton

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebrum

DUE TO

3 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cardio-vascular Renal Disease

DUE TO

2 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Arterio-sclerosis

Arterio

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from May 17, 1951, to July 1, 1951, that I last saw the deceased alive on June 14, 1951, and that death occurred at 12:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

7.3. 1951

St. Stephens Cem.

Bradshaw Balto Co Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

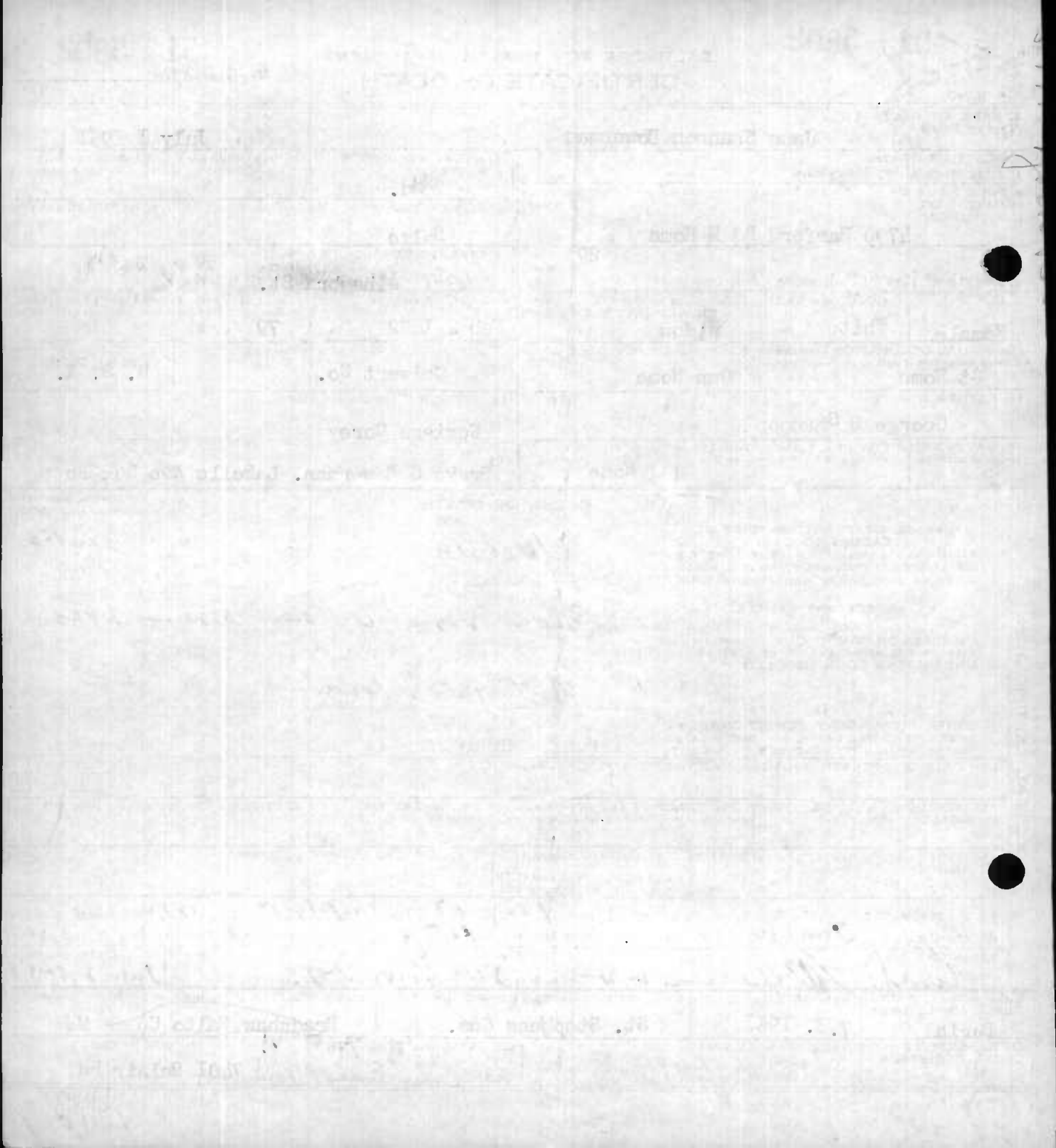
ADDRESS

JUL 2 1951

Huntington Williams, Jr.

Lassahn Funeral Home

740I Belair Rd



51 5803

51 5803

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Newton

2. DATE
OF
DEATH

6-30-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

207 S. Dallas St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 18, 1895

9. AGE (In years

last birthday)

55

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Soldier

10B. KIND OF BUSINESS OR INDUSTRY

American Can Co

13. FATHER'S NAME

John Newton

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Caroline Schaeffer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. 416X I CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Rheumatic Heart Disease with Cardiac failure

DUE TO

6 Yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Uremia

1 Wk.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-25-51, 1951, to June 30, 1951 that I last saw the deceased alive on June 30, 1951 and that death occurred at 6-30 PM., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Hogan

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

7-1-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/5/51

24C. NAME OF CEMETERY OR CREMATORY

Deer Park Lutheran Church

24D. LOCATION (City, town, or county)

(State)

Carroll Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 2 1951

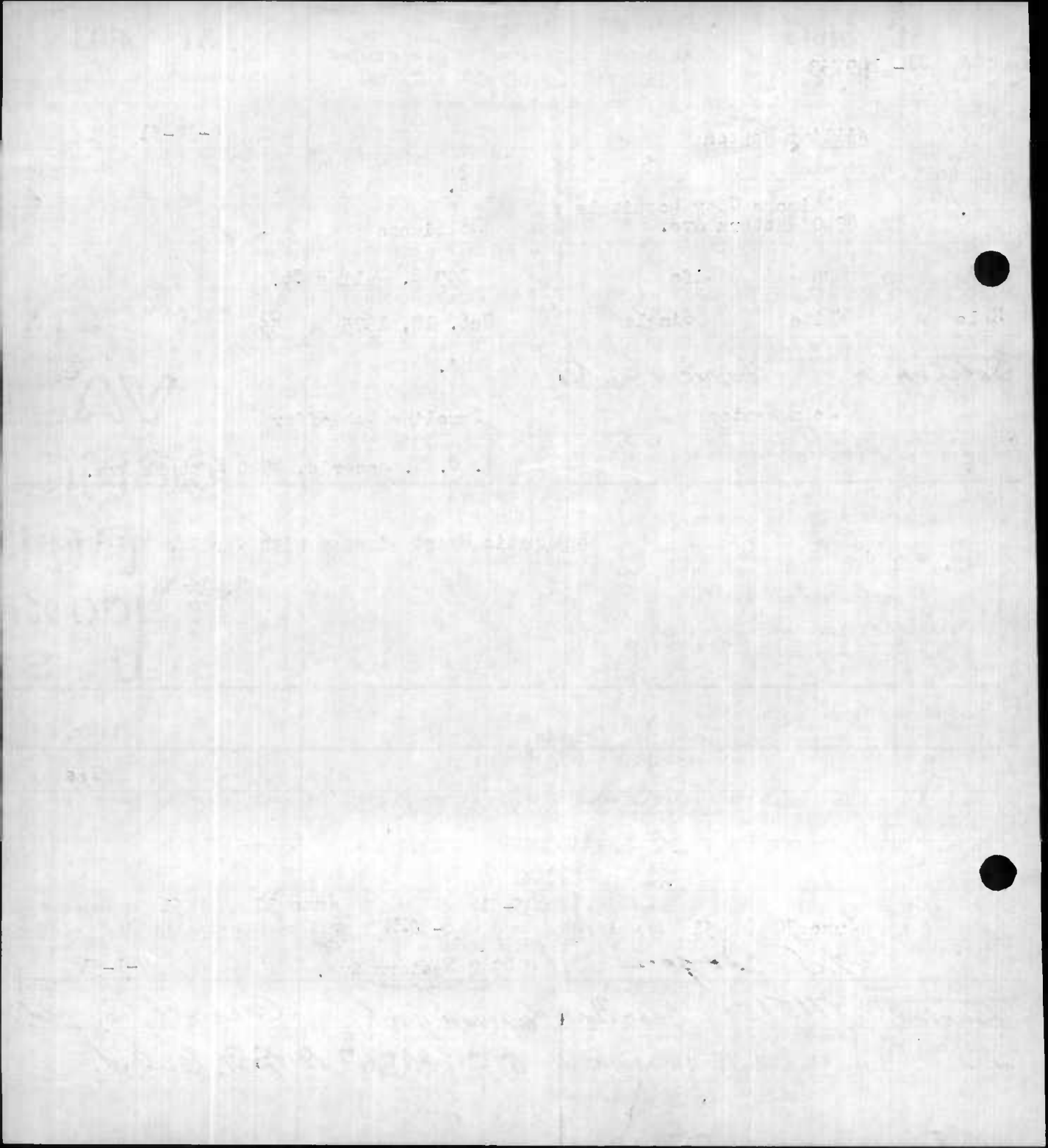
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook (Sgt.) 211 St. Paul St.



51 5804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5804
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Thomas Pinder

2. DATE
OF
DEATH

July 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or
location)

252 ROBERT ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

252 ROBERT ST. 14-01

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAR. 22, 1902

9. AGE (in years
last birthday)

49

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LONG SHOREMAN

10B. KIND OF BUSINESS OR
INDUSTRY

SHIPPING

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

THOMAS S. PINDER

14. MOTHER'S MAIDEN NAME

AMELIA SPEARLOCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ESTELLE PINDER

252 ROBERT ST

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Stomach

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
July 1, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

JULY 7, 1951

24C. NAME OF CEMETERY OR CREMATORY

WHITE ROCK CEMETERY

24D. LOCATION (City, town, or county)

BERRETT, CARROLL CO, MD

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 2 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Luther Haight

ADDRESS

Sykesville, Md.

V S 151

940 55

46R

MEDICAL CERTIFICATION

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 11, 1911.

REPORT
OF THE
COMMISSIONERS OF THE LAND OFFICE
FOR THE YEAR 1910.



ALBANY:
J. B. LIPPINCOTT & CO.,
PRINTERS,
1911.

36 51 5805

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5805

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John O. Frederick

2. DATE
OF
DEATH

6/30/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONGood Samaritan Hosp
27 N. Carey St

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

Towson

D. STREET ADDRESS (If rural, give location)

Goetze Ave. Towson Md.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

8/15/72

9. AGE (In years
last birthday)

78

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(A) Cerebral Thrombosis
DUE TO Arteriosclerotic and
Hypertensive Cardiovascular disease.
(B)
DUE TO
(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 12 June, 1951, to 30 June, 1951, that I last saw the
deceased alive on 29 June, 1951, and that death occurred at 9:40 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Emil H. Glenning Jr.

23B. ADDRESS

601 Winans Way

23C. DATE SIGNED

30 June 51

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

7/3/51

24C. NAME OF CEMETERY OR CREMATORY

MORELAND PK

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Lassalle's Funeral Home

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

11

11

11

11

11

51 5806

51 5806

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Ruzeky Ruzycki

2. DATE
OF
DEATH

6-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

25-05

D. STREET ADDRESS (If rural, give location)

4717 (4718) Curtis Avenue

Length of stay in Baltimore

39 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

? 1893 ?

9. AGE (in years
last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. City

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

? (a)

14. MOTHER'S MAIDEN NAME

? (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 4603

Dora Sosnowski Pennington

18. 464X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Infarction

DUE TO

3 Weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ? Phlebo-Thrombosis

DUE TO

3 1/2 Weeks

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 6-18 19 51 to 6-29 19 51, that I last saw the
deceased alive on 6-29 19 51, and that death occurred at 2:05 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Sosnowski, D. M.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

6-30-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

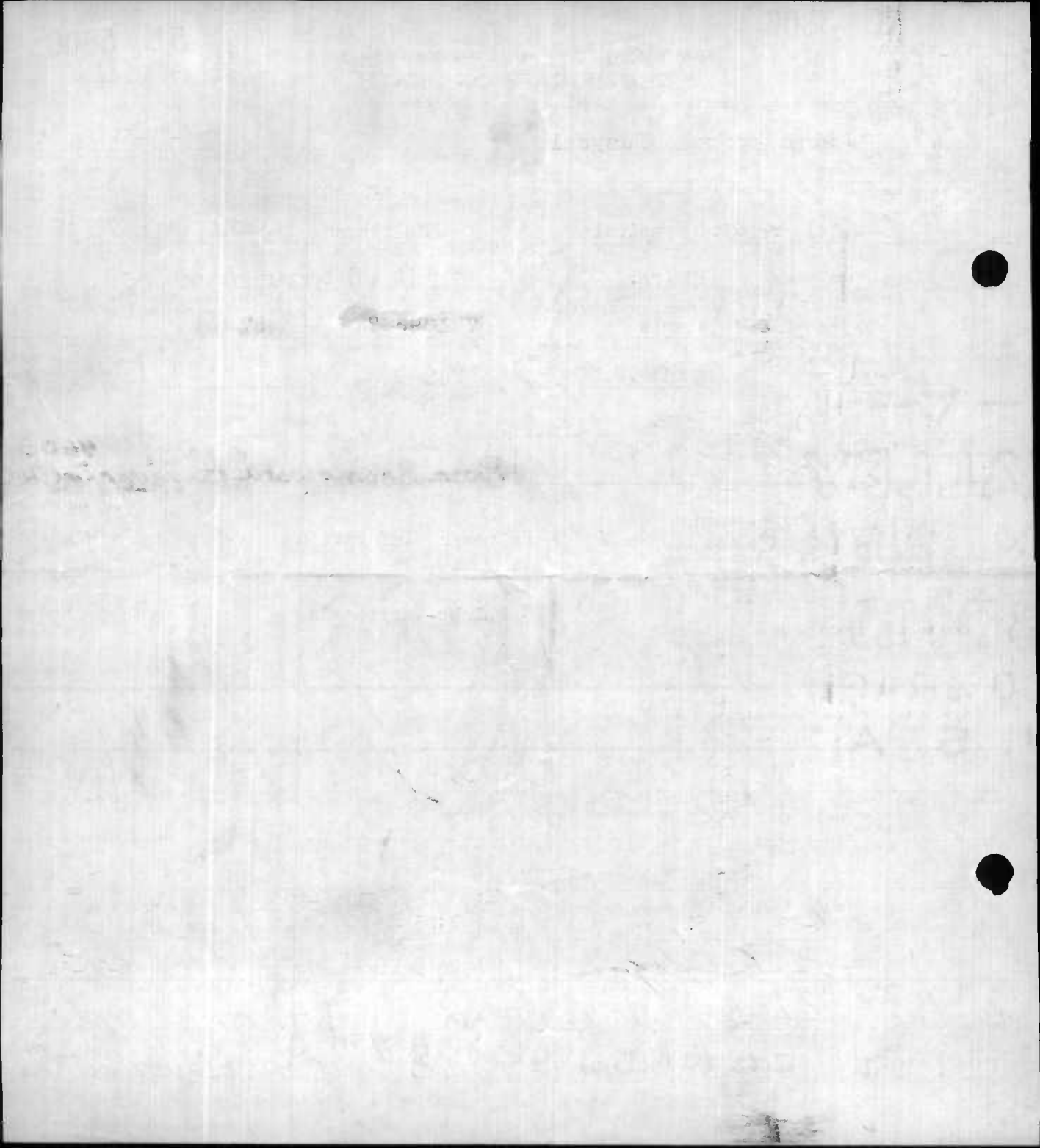
25. FUNERAL DIRECTOR

ADDRESS

JUL 2 1951

Tunington Williams, M.D.

Wm. J. Fialkowski 2007 Eastern



300 51 5807

51 5807

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Michael J. Clowd*2. DATE
OF
DEATH*6/30/51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION*133 W Cratt St.*

C. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

133 W Cratt St - 19-04

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*single*

8. DATE OF BIRTH

1/24/1894

9. AGE (In years

last birthday)

57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Pipe Fitter*10B. KIND OF BUSINESS OR
INDUSTRY*Gas & Electric Co.*

11. BIRTHPLACE (State or foreign country)

*Baltimore Md.*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

Patriet Clowd

14. MOTHER'S MAIDEN NAME

*Anne B. Sluggan*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS *133 W Cratt St.*18. *193X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Carcinoma Brain*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH*?*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 19, 1951*, to *June 30, 1951*, that I last saw the
deceased alive on *6-30-1951* and that death occurred at *7:30 Pm.*, from the causes and on the date stated above.

23A. SIGNATURE

Thomas B. Schreier

M. D.

23B. ADDRESS

548 E. Fulton Ave.

23C. DATE SIGNED

*7-2-51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*burial*

24B. DATE

7/4/51

24C. NAME OF CEMETERY OR CREMATORY

St. Paul Cathedral Cem.

24D. LOCATION (City, town, or county)

4300 Old Fred Road.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thompson

25. FUNERAL DIRECTOR

ADDRESS

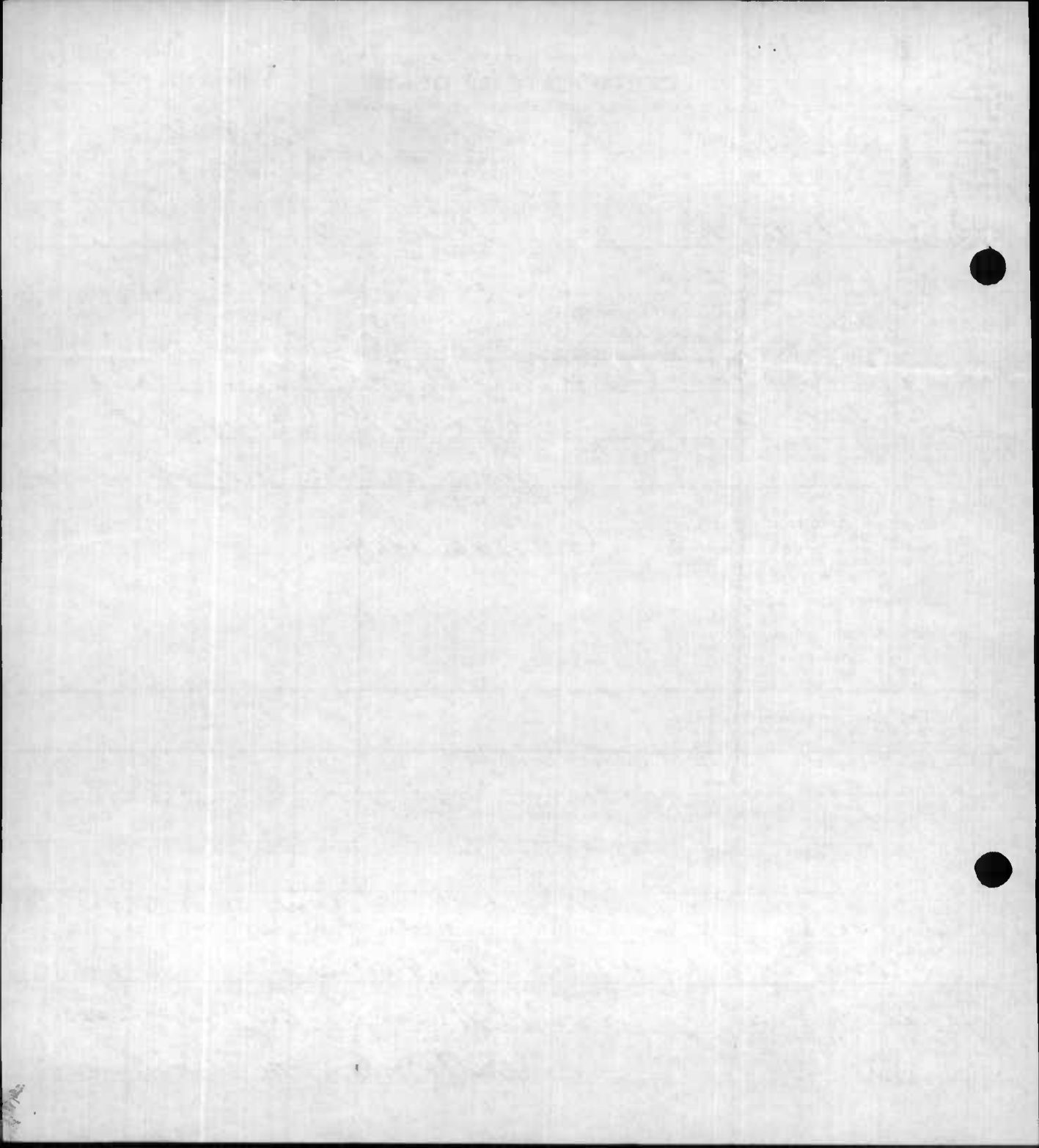
*1001 E. Pratt St.**JUL 2 1951*

VS 150

374 SE

54 B

MEDICAL CERTIFICATION



51 5808

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5808

Registered No.

BIRTH NO.

51-14519

1. NAME OF DECEASED
(Type or Print)

Margaret Theresa Frey

2. DATE
OF
DEATH

7-1-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

5300

D. STREET ADDRESS (If rural, give location)

302 Willow Avenue

Length of stay in Baltimore

7

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

6-25-57

9. AGE (in years

last birthday)

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

7

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

F. H. Frey

14. MOTHER'S MAIDEN NAME

Frances Geller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Frederick H. Frey 302 Willow Ave

18. 754.6

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Transposition of Great Vessels

INTERVAL BETWEEN ONSET AND DEATH

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from 7-1-1957, to 7-1-1957, that I last saw the deceased alive on 7-1-1957, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

H. H. H. M. D.

Mercy Hosp.

7-1-57

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

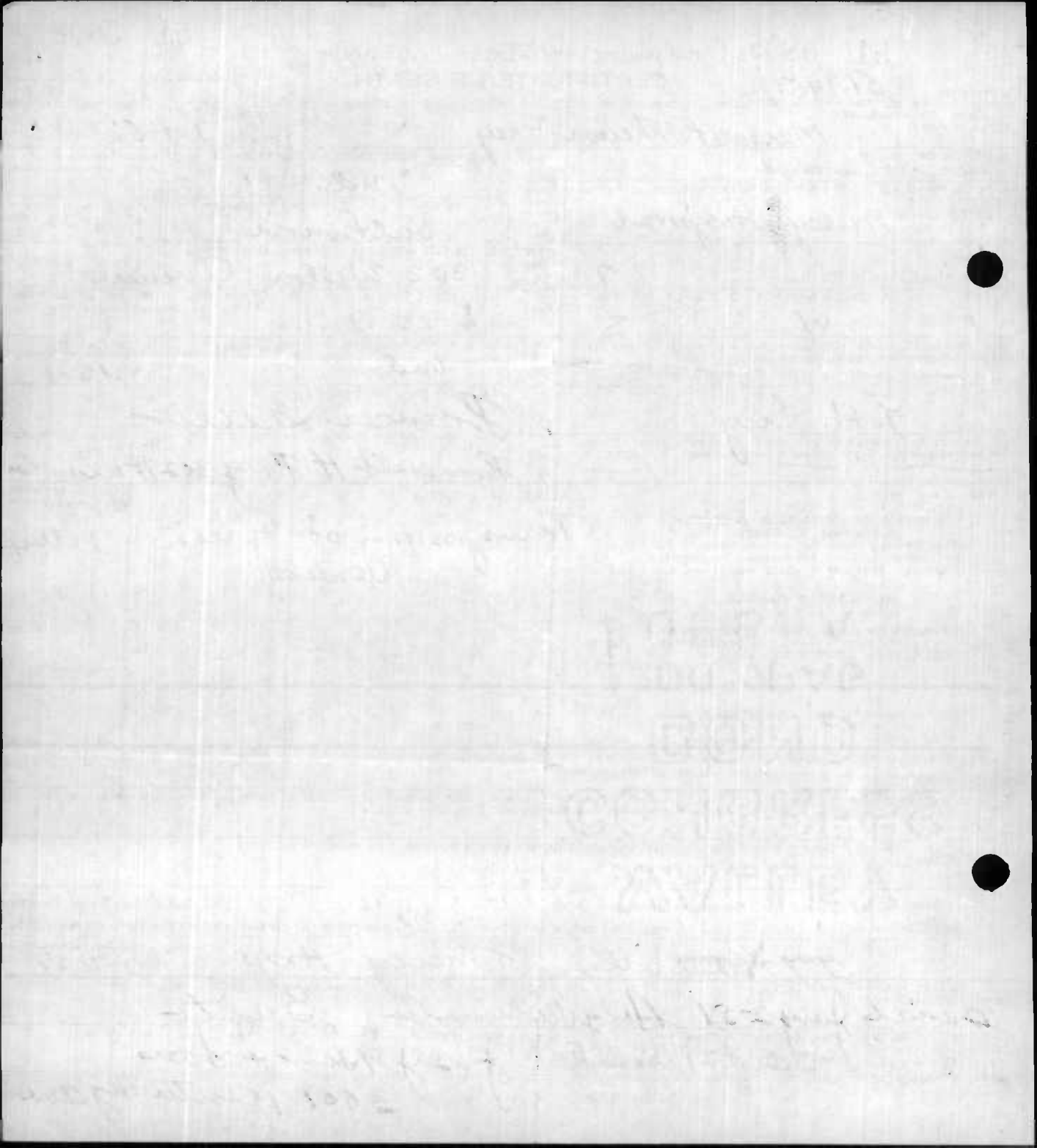
ADDRESS

JUL 2 1957

Huntington Williams, Jr.

J. J. Herr + Son

3001 Kentucky Ave
157F



100
51 5809

BALTIMORE CITY HEALTH DEPARTMENT

51 5809

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles A. Eby

2. DATE
OF
DEATH

June 29/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address of location)

Mercy Hosp.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. LENGTH OF STAY IN BALTIMORE

50 ?

Yrs.
Mees.
Days

D. STREET ADDRESS (If rural, give location)

1703 E 35th St.

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Mar.

8. DATE OF BIRTH

8/24/1883

9. AGE (In years last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lawyer

10B. KIND OF BUSINESS OR INDUSTRY

Own

11. BIRTHPLACE (State or foreign country)

Adam Co. Pa.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

James W. Eby

14. MOTHER'S MAIDEN NAME

Jennie Shorb

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes World War I

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital Record

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Rupture thru myocardium

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Myocardial Infarct

(C)

Coronary Artery Occlusion

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arterio Sclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

NOT WHILE

WORK

AT WORK

22. I hereby certify that I attended the deceased from 6/24/51, to 6/29/51, that I last saw the deceased alive on 6/29/51, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Frank D. Kasik

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

6/29/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

July 3 1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUL 2 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H. E. Jenkins, Donald

ADDRESS

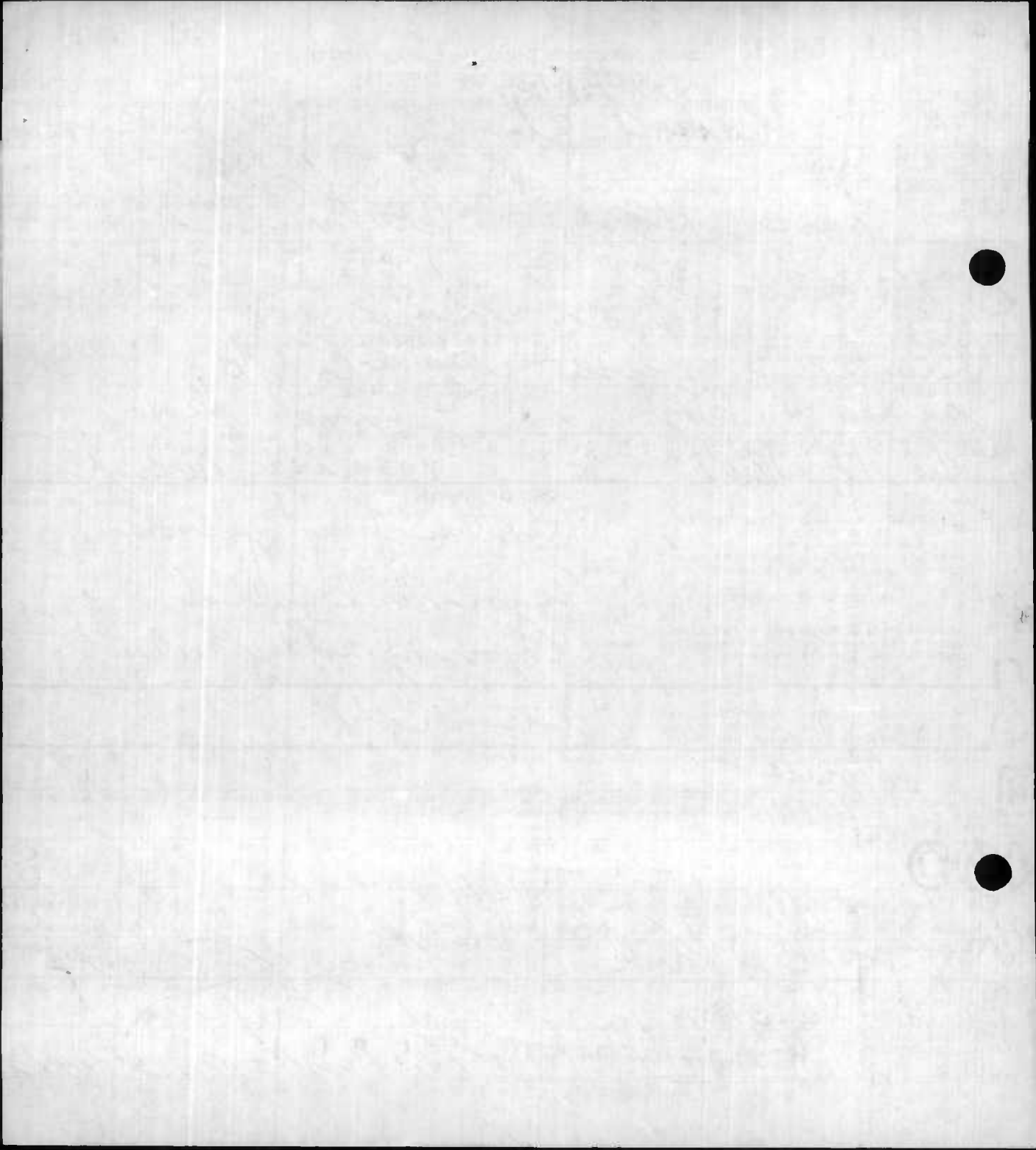
4905 York Rd

VS 150

0558U

937

MEDICAL CERTIFICATION



51 5810

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5810

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ESTHER MOHIE MOOLF

2. DATE
OF
DEATH

7-1-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3321 Virginia Ave

C. Length of stay in Baltimore

42

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md
Baltimore 27-16

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3321 Virginia Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year

If Under 24 Hours

Months: Days Hours: Min.

94

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lith

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Moses Heyman

14. MOTHER'S MAIDEN NAME

Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

The Florence London - Same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

acute Coronary Occlusion - about 2-4 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

arterio-sclerotic. c. v. d. about 25-30 yrs.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7-1951 to July 1-1951, that I last saw the deceased alive on July 1-1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Hermann Beidel

23B. ADDRESS

2404 E. Utah Pl

23C. DATE SIGNED

7/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7-2-51

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

JUL 2 1951

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 E. Utah Pl

Ardele
Guthrie PC
2404

51 5811

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5811

BIRTH NO.			1. NAME OF DECEASED (Type or Print) JOSEPH T. AMBROSE SR -			2. DATE OF DEATH JUNE 30, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland HAL R.R.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore					
B. FULL NAME OF (If not in hospital or institution, give street address or location) HENRY HOPKINS			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE					
c. Length of stay in Baltimore 30 YRS.			D. STREET ADDRESS (If rural, give location) 1328 SULPHUR SPRING RD. 5200					
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-19-84		9. AGE (In years last birthday) 66		If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent			10B. KIND OF BUSINESS OR INDUSTRY Retired			11. BIRTHPLACE (State or foreign country) Virginia		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 219-03-7208			17. INFORMANT HENRY HOPKINS ADDRESS		

18. 237X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Respiratory failure		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. BRAIN TUMOR		DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

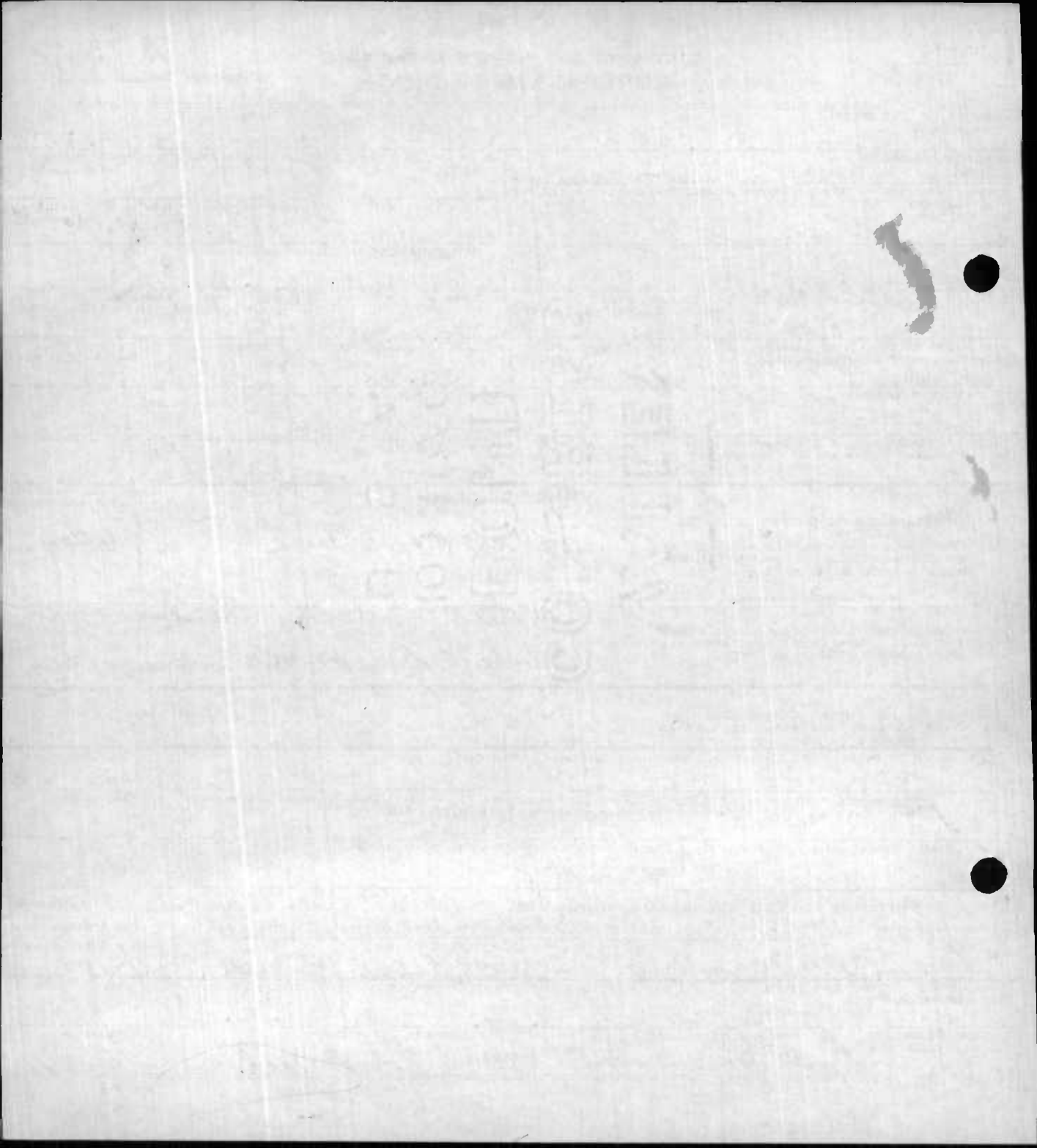
22. I hereby certify that I attended the deceased from **6-26-1951** to **6-30-1951**, that I last saw the deceased alive on **6-30-1951**, and that death occurred at **11:20 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE [Signature]		23B. ADDRESS HENRY HOPKINS		23C. DATE SIGNED 30 June 51	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 5-1951	24C. NAME OF CEMETERY OR CREMATORY Western Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore Md.
--	---------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR JUL 2 1951	REGISTRAR'S SIGNATURE Walter J. Williams	25. FUNERAL DIRECTOR Joseph J. Ambrose Jr	ADDRESS 1328 Sulphur Spring Rd.
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65349



620
51 5813

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5813

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Glennie Brooks

2. DATE
OF
DEATH

6/29/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

38 University Hospital

C. Birth of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1825 Lorman St
Balto Md 15-02

1825 Lorman St

3/28/12

9. AGE (In years last birthday)

39

11. BIRTHPLACE (State or foreign country)

M. C.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, when retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Wm Knotts

14. MOTHER'S MAIDEN NAME

Julia Pickett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

?

17. INFORMANT

Bonnie Brooks Lorman St

18. 272X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Hypopituitarism
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 29, 1951, to June 27, 1951, that I last saw the deceased alive on June 29, 1951, and that death occurred at 10:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Raymond Bradshaw, Jr. M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

6/30/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/3/51

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county) (State)

Arbutus Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUL 2 1951

REGISTRAR'S SIGNATURE

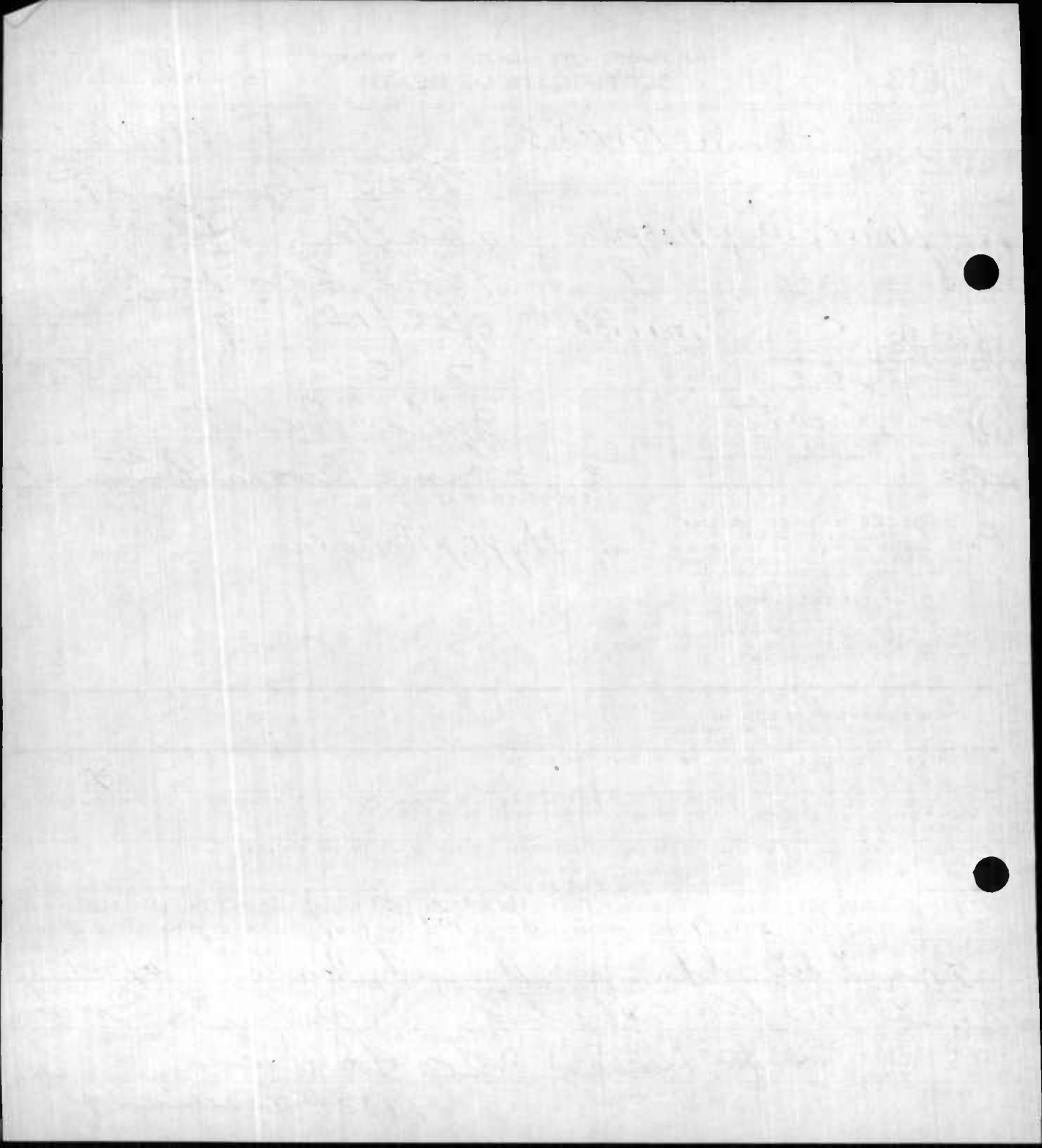
Wilmington Williams

25. FUNERAL DIRECTOR

Geo. H. Keegan

ADDRESS

1303 Pressman St



34051 5814

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5814

Registered No.

BIRTH NO.

50-11110

1. NAME OF DECEASED
(Type or Print)

Donald Little

2. DATE
OF
DEATH

6-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

Univ. Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balt

D. STREET ADDRESS (If rural, give location)

532 W Tawale St

C. Length of stay in Baltimore

10

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Aug. 15, 1950

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

Months

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Shakespeare Little

14. MOTHER'S MAIDEN NAME

Smith Ollie M

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

M

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ollie Little 532 W. Tawale St

18. 330X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Subarachnoid hemorrhage

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

8 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

M.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from 6-25, 1951 to 6-28, 1951 that I last saw the deceased alive on 6-28, 1951 and that death occurred at 10:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

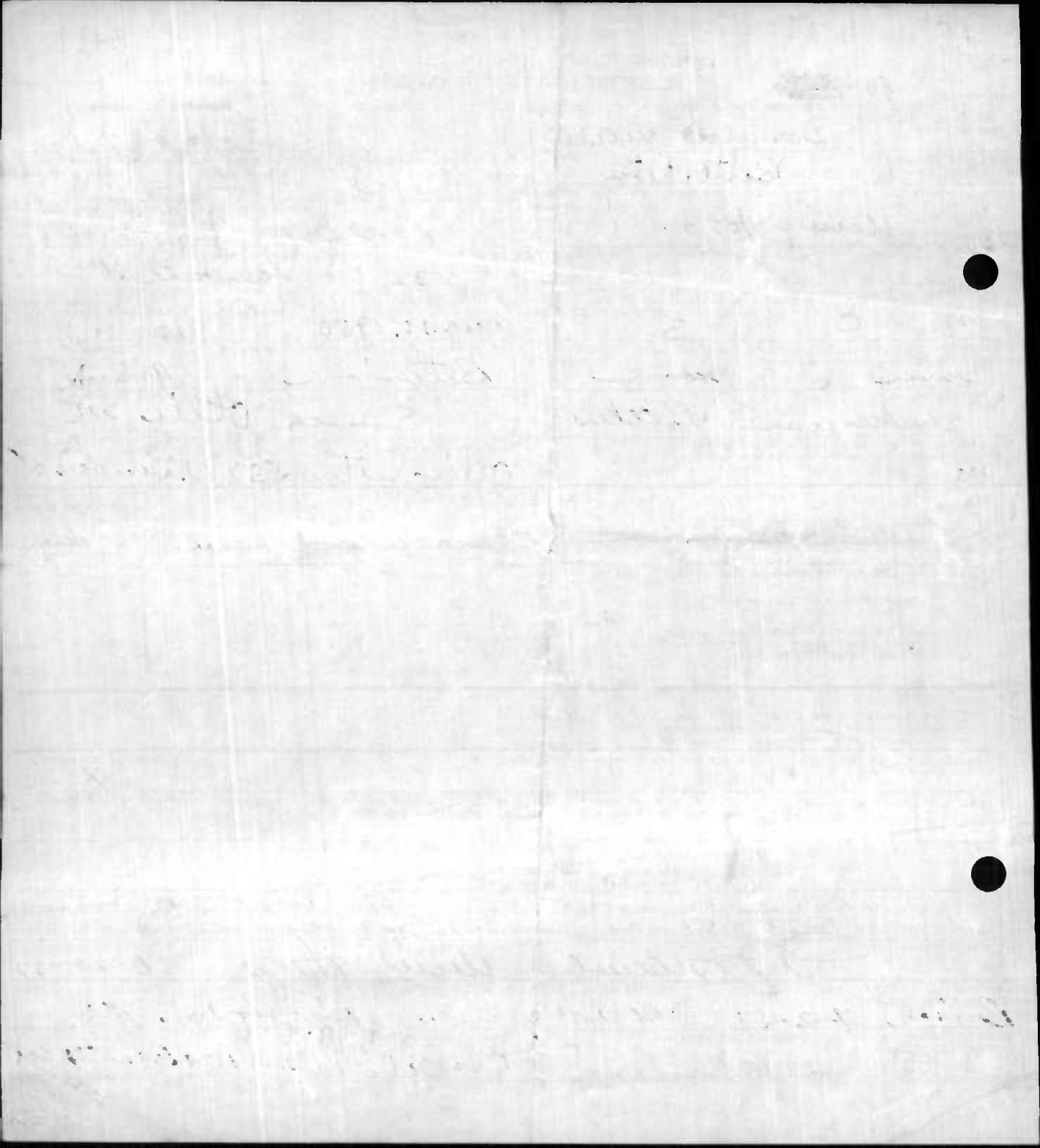
25. FUNERAL DIRECTOR'S

ADDRESS

JUL 2 1951

Wm. H. Williams, Jr.

Elroy O. Wilson 1100 Brantley Ave



253
5815

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5815

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARIE C. McINTYRE			2. DATE OF DEATH JUNE 30, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 5504 N. Charles ST			C. CITY OR TOWN (If outside corporate limits, give RURAL, and give township) BALTIMORE 27-17		
C. Length of stay in Baltimore Life Time Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5504 N. Charles ST.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec 15 1880	9. AGE (In years last birthday) 70	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10B. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (State or foreign country) BALTIMORE, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME EDWARD P. McINTYRE			14. MOTHER'S MAIDEN NAME KATHERINE MOAN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Brother - 5504 N. Charles ST.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cause of Death Biliary occlusion Arteriosclerosis DUE TO (A) (B) (C)	INTERVAL BETWEEN ONSET AND DEATH 2 Mo. 2 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 2, 1951**, to **June 30, 1951**, that I last saw the deceased alive on **June 30, 1951**, and that death occurred at **5 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE Arthur W. Singer, M.D.	23B. ADDRESS 1613 E. North Ave	23C. DATE SIGNED 7-2-51
---	--	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) entombment	24B. DATE July 3 1951	24C. NAME OF CEMETERY OR CREMATORY GREEN MOUNT Mausoleum	24D. LOCATION (City, town, or county) (State) BALTIMORE MD
--	---------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR JUL 2 1951	REGISTRAR'S SIGNATURE William H. Williams, M.D.	25. FUNERAL DIRECTOR CHAS. F. EVANS & SON	ADDRESS 118 Mt. Royal Ave
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MEDICAL CERTIFICATION

1613 E. North Ave.

620
5816

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5816
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAUDE R. GROSS		2. DATE OF DEATH June 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 331 Scott St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 331 Scott St.		5. AGE (In years last birthday) 69 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.	
c. Length of stay in Baltimore Yrs. Mos. Days		6. DATE OF BIRTH Oct. 3, 1881	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 3, 1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Halethroe, Md.
13. FATHER'S NAME Charles Rumpf		14. MOTHER'S MAIDEN NAME Jennie (Unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr Charles Gross, 331 Scott St.

MEDICAL CERTIFICATION

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Coronary Occ lesion (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 10 min.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Artery atherosclerosis (B) DUE TO Obesity (C)		10 yr 30 yr
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Feb**, 19**51**, to **June 30**, 19**51**, that I last saw the deceased alive on **June 29**, 19**51**, and that death occurred at **6:00 A** m., from the causes and on the date stated above.

23A. SIGNATURE **[Signature]** M. D. 23B. ADDRESS **642 N. W. St.** 23C. DATE SIGNED **7-2-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/3/51	24C. NAME OF CEMETERY OR CREMATORY St. Peters	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUL 2 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR [Signature] ADDRESS 1214 ST Paul St	

THE UNIVERSITY OF CHICAGO
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1911

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CONTRACT

1911

252
1 5817

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5817

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) JOHN RUSNACK		2. DATE OF DEATH June 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3609 Leo St.		C. CITY OR TOWN (If outside corporate limits, give location and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3609 Leo St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 12, 1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman, retired Eastern Box Co.		9. AGE (In years last birthday) 77	11. BIRTHPLACE (State or foreign country) Austria
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Andrew Rusnack		14. MOTHER'S MAIDEN NAME (Unknown) Liptuck	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 216-10-7851	
17. INFORMANT Mrs Mary Rusnack		ADDRESS 3609 Leo St.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiac vascular disease CAUSE OF DEATH (A) hypertensive cardiac vascular disease DUE TO (B) coronary sclerosis DUE TO (C) myocardial hypertrophy		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **June 29, 1951** to **June 30, 1951**, that I last saw the deceased live on **June 29, 1951**, and that death occurred at **5 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE Samuel Rubin	23B. ADDRESS 203 Batavia Ave	23C. DATE SIGNED 7/2/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/3/51	24C. NAME OF CEMETERY OR CREMATORY Holy Cross
24D. LOCATION (City, town, or county) Anne Arundel County, Md.		25. FUNERAL DIRECTOR Wm. C. ...
24E. DATE RECEIVED BY LOCAL REGISTRAR JUL 2 1951		24F. REGISTRAR'S SIGNATURE Wm. C. ...

MEDICAL CERTIFICATION

VALLEY

CORPSES

BEING

REMOVED

U.S.A.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5818**

BIRTH NO. **51 5818**

1. NAME OF DECEASED (Type or Print) Mrs. Mollie Zapalowicz		2. DATE OF DEATH July 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 1120 S. Robinson St, Balto-24-Md.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO MD 1-01	
C. Length of stay in Baltimore 72 yrs		D. STREET ADDRESS (If rural, give location) 1120 S. ROBINSON ST.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1/4/1869
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 82
13. FATHER'S NAME William Kowaleski		11. BIRTHPLACE (State or foreign country) Poland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Josephine	
17. INFORMANT MRS BAKER		ADDRESS 1120 S. ROBINSON	

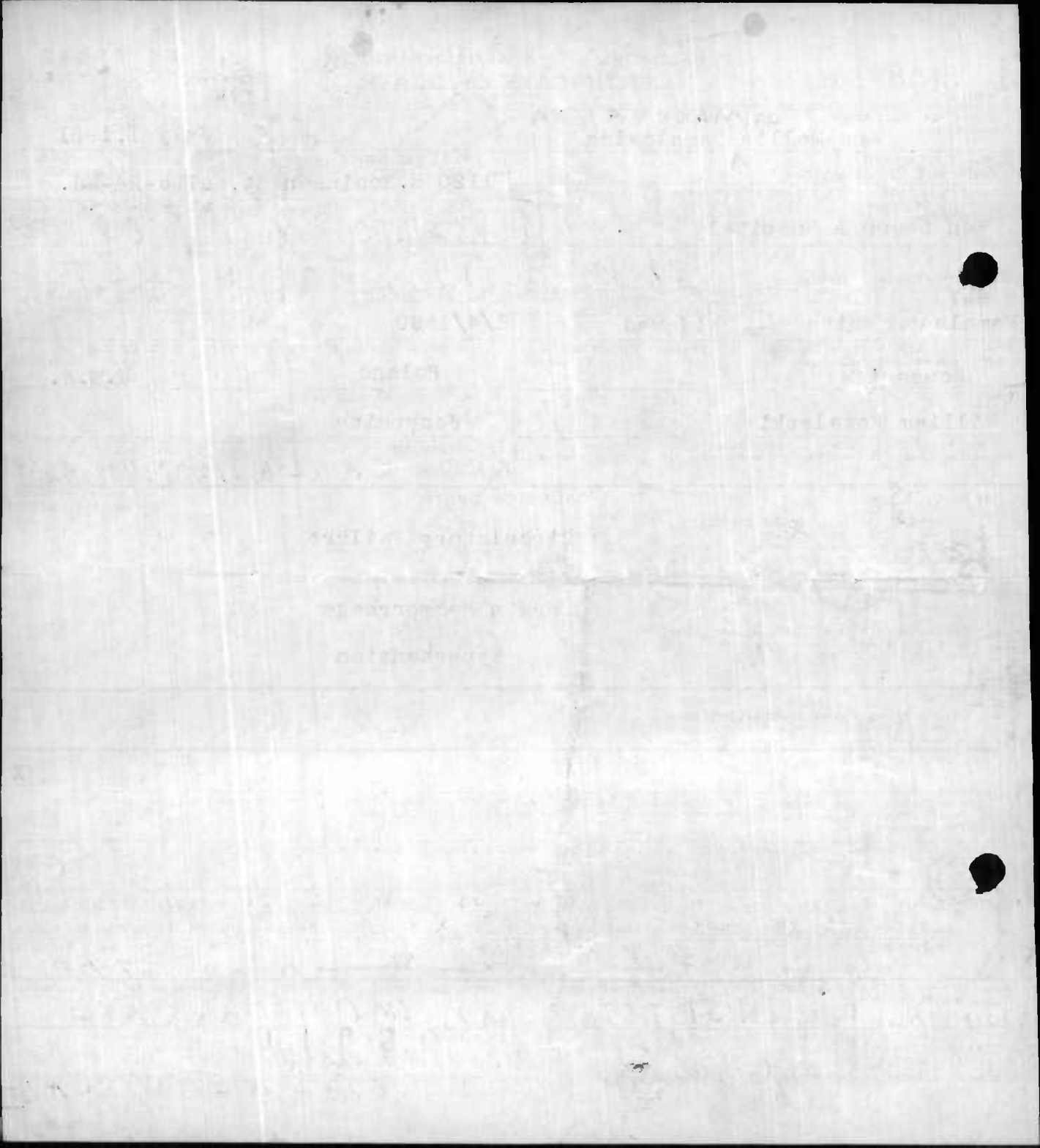
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO Brain Hemorrhage		
(B) DUE TO Hypertension		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED m. WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 6-25 , 19 51 , to 6-30 , 19 51 , that I last saw the deceased alive on 6-30 , 19 51 , and that death occurred at 5 A. M., from the causes and on the date stated above.				
23A. SIGNATURE Louis G. Fritz		23B. ADDRESS Bon Secours Hosp		23C. DATE SIGNED 7-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE July 4/51	24C. NAME OF CEMETERY OR CREMATORY ST. STANISLAUS CEM	24D. LOCATION (City, town, or county) (State) DUNPAK AVE
DATE RECEIVED BY LOCAL REGISTRAR JUL 2 1951		REGISTRAR'S SIGNATURE William Williams	
VS 150		FUNERAL DIRECTOR STEPHEN J. FIALKOWSKI, Inc.	
		ADDRESS 1800 S. KENWOOD AVE	

83a

MEDICAL CERTIFICATION



355
51 5819
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5819

1. NAME OF DECEASED (Type or Print) MELVIN J. TUTMAN			2. DATE OF DEATH June 29, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2432 Francis Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 10, 1912	9. AGE (In years last birthday) 39	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night watchman		10B. KIND OF BUSINESS OR INDUSTRY Garage	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert Tutman			14. MOTHER'S MAIDEN NAME Isis Johnson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hilda Bevins, 2432 Francis Street		

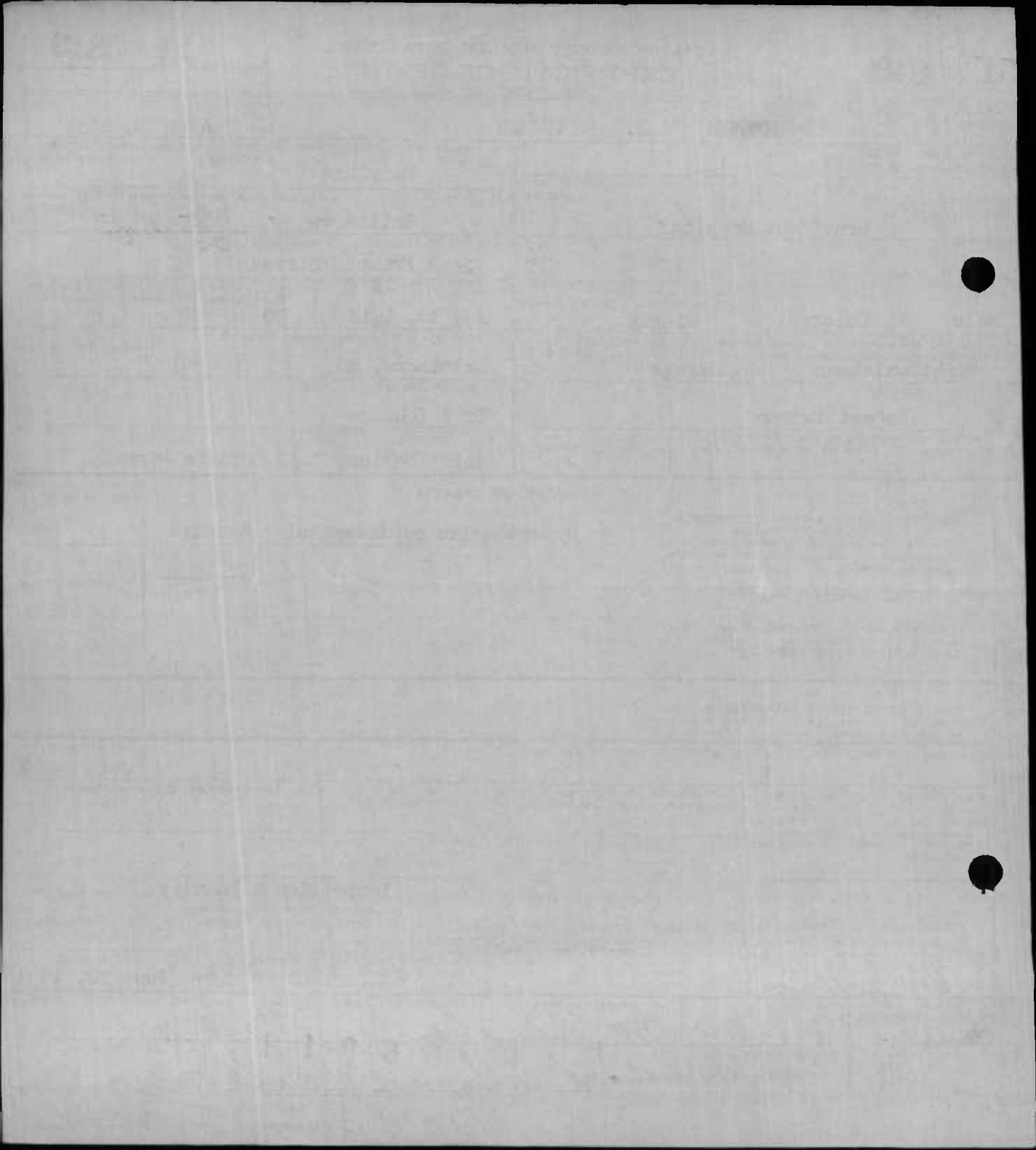
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *William V. Lovett* M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ 23C. DATE SIGNED **June 30, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7-3-51	24C. NAME OF CEMETERY OR CREMATORY Wm. Arthur Cem	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR JUL 2 1951	REGISTRAR'S SIGNATURE <i>William V. Lovett</i>	25. FUNERAL DIRECTOR Samuel W. Sullivan Jr	ADDRESS 1011 N. Arlington Ave 937

V S 151 76383



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5820
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Charles Andrew Holland

2. DATE
OF
DEATH

6/29/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1004 Brantly Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)
Balto.

D. STREET ADDRESS (If rural, give location)

1717 N. Calhoun St

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Jan. 25-1890

9. AGE (In years
last birthday)

61

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Widener

10B. KIND OF BUSINESS OR INDUSTRY

Self

13. FATHER'S NAME

Henry Holland

14. MOTHER'S MAIDEN NAME

Elijaheth?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Pauline Johnson 1004 Brantly Ave

18. *421.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Acute Myocardial Infarction*
DUE TO *Hypertension + arteriosclerosis*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Coronary Failure*

2 Months

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *6-1-51* 19*51*, to *6-29-* 19*51*, that I last saw the deceased alive on *6-29-* 19*51*, and that death occurred at *12 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Lois E. Harman

23B. ADDRESS

2224 Madison Ave.

23C. DATE SIGNED

6-29-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7-3-51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Ave.

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Christington Williams

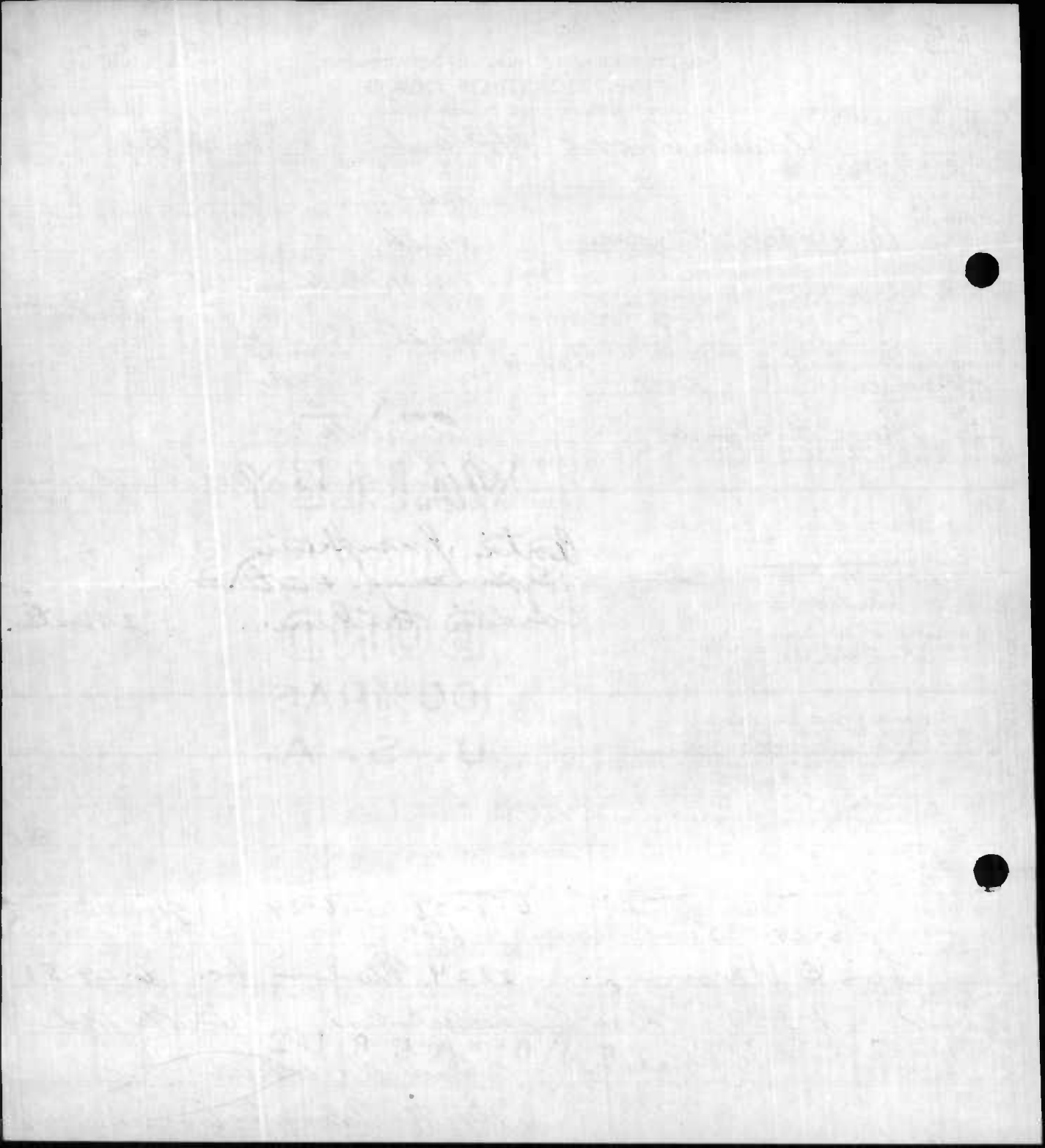
25. FUNERAL DIRECTOR

Samuel W. Sullivan Jr

ADDRESS

JUL 2 1951

MEDICAL CERTIFICATION



640
51 5821

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5821

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDITH VIOLA BRIELE

2. DATE
OF
DEATH

June 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Pine Ridge Nursing Home
Hamilton, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Towson, Balto. 12, Md.

D. STREET ADDRESS (If rural, give location)

6518 Maplewood Road

5300

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 20, 1886

9. AGE (in years,
last birthday)

65

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

David Dobler

14. MOTHER'S MAIDEN NAME

Emma Folks

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL SECURITY NO.
(If yes, give war or dates of service)

None

17. INFORMANT
ADDRESS

Robert D. Briele, Towson, Md.

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma, Cerebral

2 month

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Carcinoma, uterus

1947

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1947

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Cervix Uterus

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946, to 30 June, 1951, that I last saw the deceased alive on 30 June, 1951, and that death occurred at 10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

6701 York Rd Balto 12 Md July 5-1

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 3, 1951

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Cemetery

24D. LOCATION (City, town, or county) (State)

Towson, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

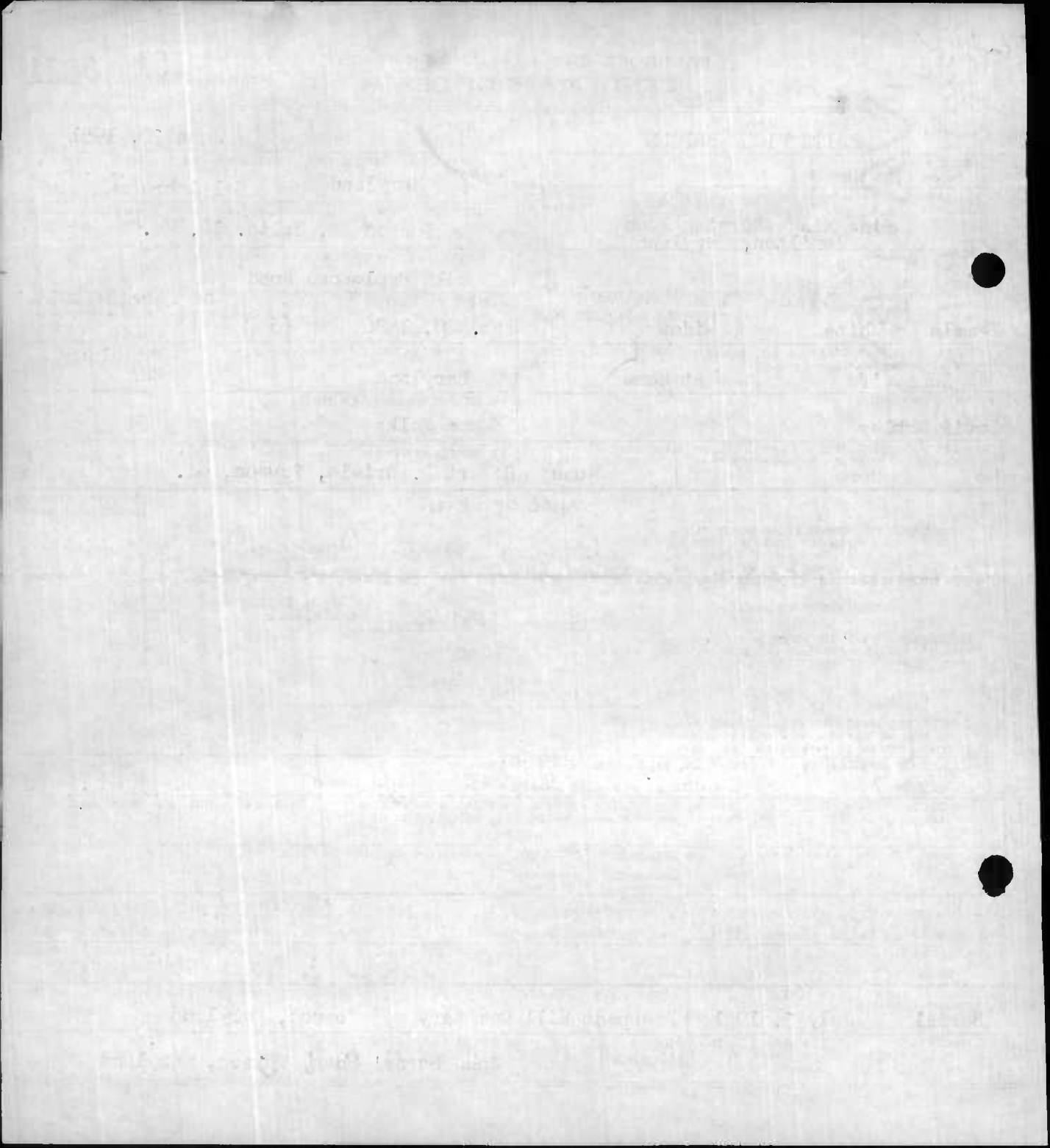
25. FUNERAL DIRECTOR

ADDRESS

JUL 2 1951

Wilmington, Delaware

John Burges' Sons, Towson, Maryland



262
5822BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5822

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA SIEKIERSKI

2. DATE
OF
DEATH July 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

833 S. Lakewood Avenue

C. Length of stay in Baltimore

50 yrs.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

833 S. Lakewood Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

September 14, 1877

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Household

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Paul Bogacz

14. MOTHER'S MAIDEN NAME

Maria Pecak

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Edward Siekierski, 833 S. Lakewood Ave.

1B. 330X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

5 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Ch. Myocardite

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from June 30, 1951, to July 1, 1951, that I last saw the
deceased alive on June 30, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

Burial

7/5/51

Sacred Heart of Mary

Baltimore

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

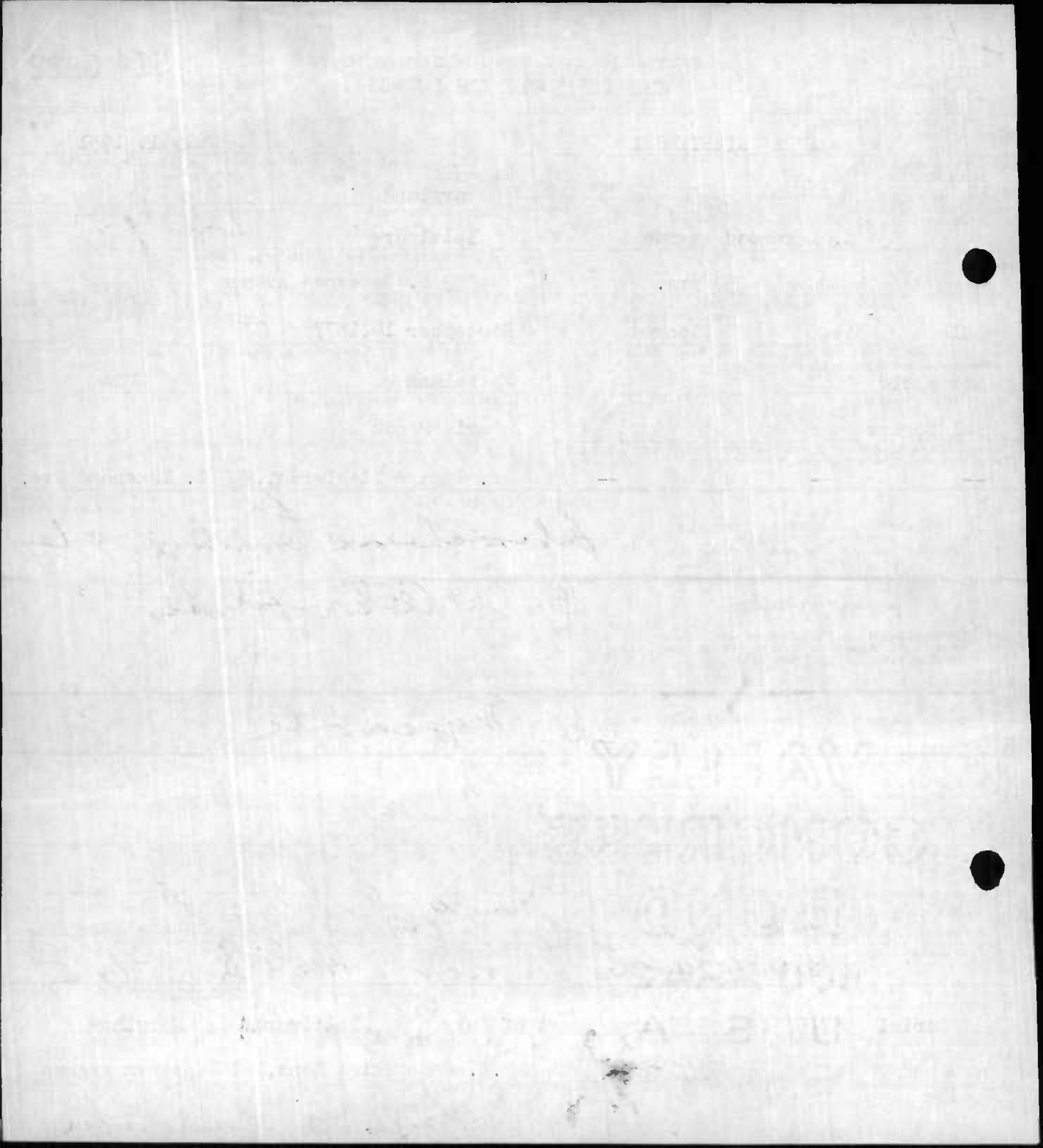
JUL 2 1951

Huntington Williams

M.F. Sadowski & Sons, 1808 Eastern Avenue

VS 150

Charles D. Sadowski



516

01 5823

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5823

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CATHERINE ANN KOMBER

2. DATE
OF
DEATH

JULY 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MD

BALTIMORE

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

8-01

D. STREET ADDRESS (If rural, give location)

3441 PARKLAWN AVE

c. Length of stay in Baltimore

46

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

SEPT. 7 1904

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

GEORGE W. PO TEET

14. MOTHER'S MAIDEN NAME

MARGARET ERTEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or uoowoo) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. HERMAN Komber - SAME

18. 204.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) THROMBOCYTOPENIA

1 YR.

DUE TO

ANTECEDENT CAUSES

(B) CHRONIC LYMPHOCYTIC LEUKEMIA 2 YR.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from JUNE 22, 1951, to JULY 2, 1951, that I last saw the
deceased alive on JULY 2, 1951, and that death occurred at 1:02 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harvey S. Green, Jr. M. D.

23B. ADDRESS

Union Memorial Hosp. Balt. &

23C. DATE SIGNED

7-2-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/5/51

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

F.A. Co Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Williams

25. FUNERAL DIRECTOR

ADDRESS

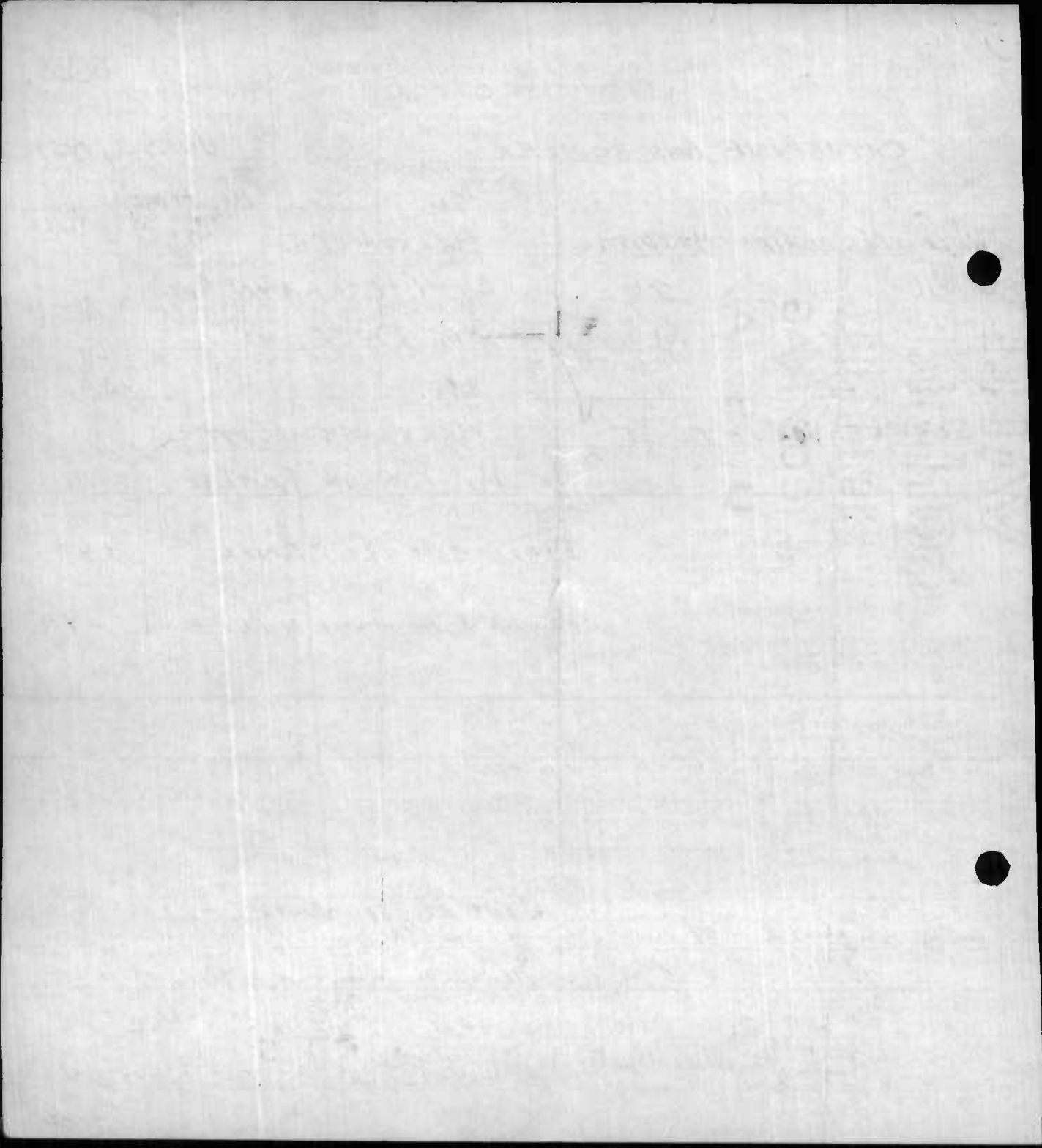
PL. J. Back 5305 Hartford Rd

JUL 2 1951

VS 150

74a

MEDICAL CERTIFICATION



535
5824BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5824
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bessie Hindin

2. DATE
OF
DEATH

July 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital (DOA)

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3200 Hegh St

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Lark

14. MOTHER'S MAIDEN NAME

Deborah

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Greenberg, 2317 Bryant Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-Vascular Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus, Mild.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED July 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7-3-51

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county) (State)

Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Jack Lewis, 2100 Outlaw Pl

STATE OF NEW YORK
DEPARTMENT OF HEALTH

IN SENATE

JANUARY 1, 1910

REPORT OF THE

COMMISSIONER OF HEALTH

FOR THE YEAR 1909

ALBANY:

1910

PRINTED BY THE

STATE OF NEW YORK

245

1 5825

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5825

1. NAME OF DECEASED (Type or Print) <i>Ama Weglein</i>		2. DATE OF DEATH <i>July 1, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>John Hopkins Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore 6-01</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>420 N. Robinson St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>7-25-12</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months: Days <i>38</i>
11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Joseph Miska</i>		14. MOTHER'S MAIDEN NAME <i>Not known</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Hopkins Hospital</i>		ADDRESS	

18. *241X* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
BRONCHIAL ASTHMA state 4 yrs
(A) DUE TO

ANTECEDENT CAUSES

(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/29*, 19*51*, to *7/1*, 19*51*, that I last saw the deceased alive on *7/1*, 19*51*, and that death occurred at *11:30 AM*, from the causes and on the date stated above.

23A. SIGNATURE *R E Wells* M. D. 23B. ADDRESS 23C. DATE SIGNED *7-1-51*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *July 5-51* 24C. NAME OF CEMETERY OR CREMATORY *Moreland Memorial Park* 24D. LOCATION (City, town, or county) *Balto. Md.*

DATE RECEIVED BY LOCAL REGISTRAR *JUL 2 1951* REGISTRAR'S SIGNATURE *William Williams* 25. FUNERAL DIRECTOR *John H. Miller* ADDRESS *2334 Jefferson St.*

VALLEY
CONGRESS

BOND

100% RAC

0 9 0

560
01 5826BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5826
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Chara Schnur

2. DATE
OF
DEATH

7/1/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hosp.

C. Length of stay in Baltimore

D. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

225 S. Ann St

8. DATE OF BIRTH

July 5/1911

9. AGE (In years last birthday)

40

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Steve Grabowski

14. MOTHER'S MAIDEN NAME

Bertha Szymanski

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 401.3 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Rheumatic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Rheumatic fever

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/30, 1951, to 7/1, 1951, that I last saw the deceased alive on 7/1, 1951, and that death occurred at 1:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Herome J. Collier M. O.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

7/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Burial July 4/51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

2409 Rosary Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Frederick Williams, M.D.

FUNERAL DIRECTOR

Fred H. Dzogowski

ADDRESS

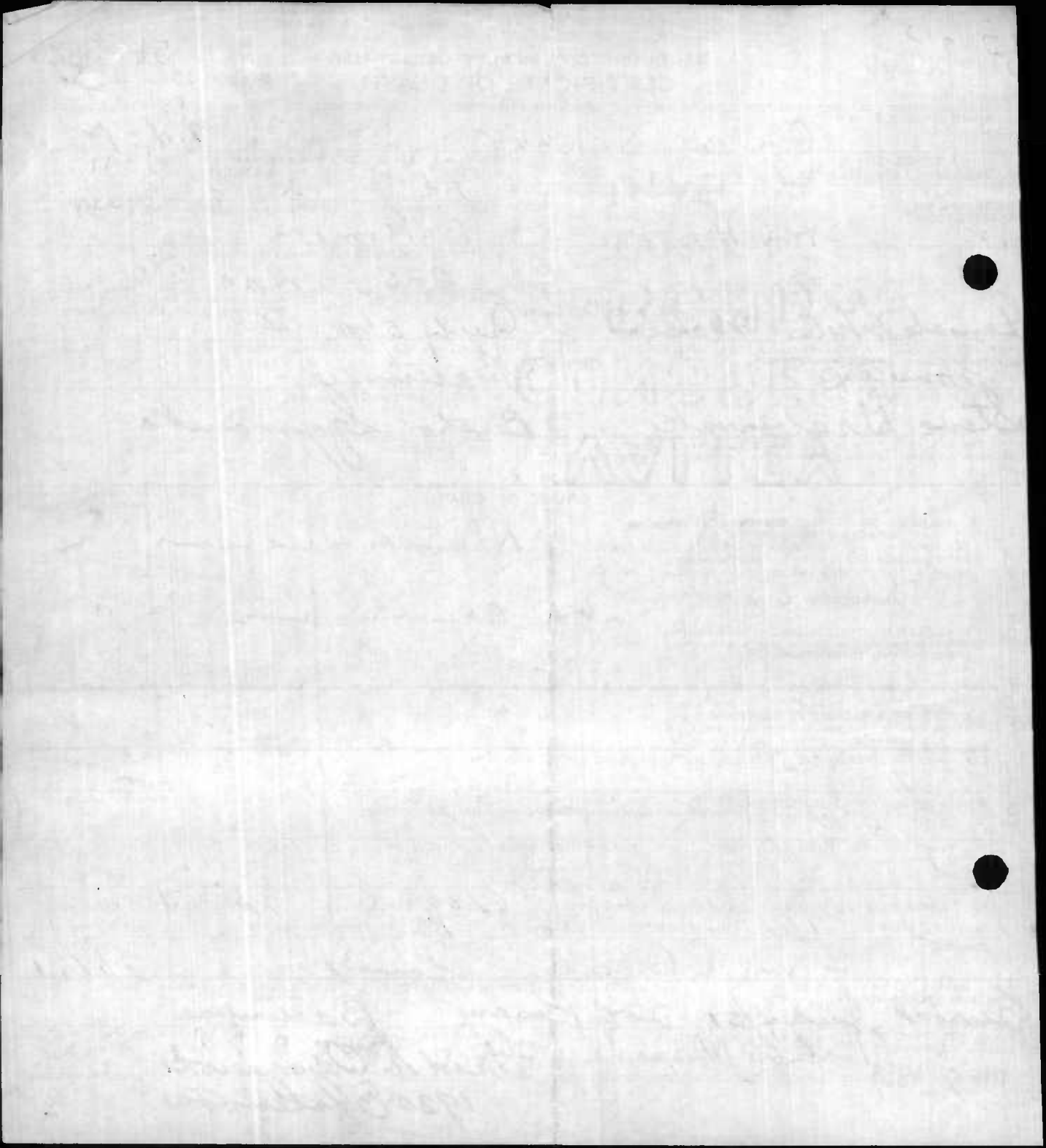
1930 E. Calum Ave

58E

JUL 2 1951

VS 150

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5827**

BIRTH NO. **5827**

1. NAME OF DECEASED (Type or Print) EARL		2. DATE OF DEATH July 1, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission) A. STATE Tennessee B. COUNTY V-39	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN If outside corporate limits, write RURAL and give township) Knoxville	
D. STREET ADDRESS (if rural, give location) Route 4		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 4, 1907
9. AGE (In years last birthday) 44		10. MONTHS 4	11. DAYS 4
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roofing - Foreman		10B. KIND OF BUSINESS OR INDUSTRY Roofing	
11. BIRTHPLACE (State or foreign country) Cooke Co. Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME H. C. Brady		14. MOTHER'S MAIDEN NAME Low Conway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. 411-18-6827	
17. INFORMANT Joe C. Brady		ADDRESS Knoxville, Tenn.	

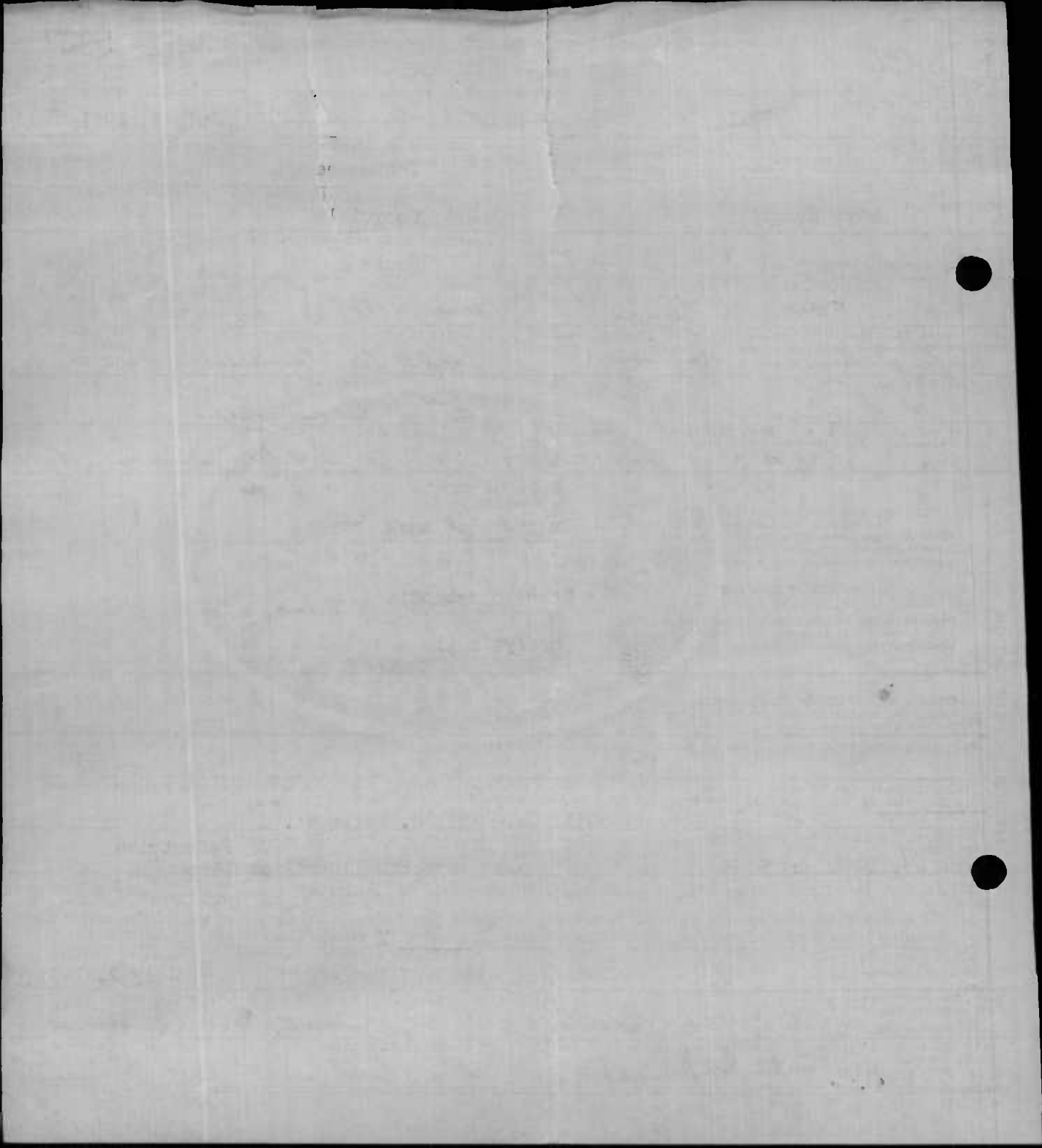
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of neck (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Bronchopneumonia (B) DUE TO		
Paralytic ileus (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street-McGill Co.		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 311 E. Falls St.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 27, 1951 4:05 P		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley A. Dineen		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED July 2, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE July 2, 1951		24C. NAME OF CEMETERY OR CREMATORY Cook	
24D. LOCATION (City, town, or county) (State) Knox Co. Tennessee		24E. FUNERAL DIRECTOR Wm. Cook Inc.		ADDRESS 1217 St. Paul St.	

DATE RECEIVED BY LOCAL REGISTRAR **JUL 2 1951** VS 151
 REGISTRAR'S SIGNATURE **Thurston Williams**
 N-805.2 581 24 195E ✓

MEDICAL CERTIFICATION

Correct age in years



252

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5828

51 5828

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) WILSON HAWKINS		2. DATE OF DEATH JUNE 29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland OSL 2		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHN HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 23-01	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1109 RACE ST.	
5. SEX MALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 10-18-86
9. AGE (in years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hardly Man	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hardly Man		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Henderson N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Sam Hawkins		14. MOTHER'S MAIDEN NAME Sarah Hawkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHN HOPKINS HOSPITAL		ADDRESS	

18. 446 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Leukemia		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pyelonephritis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION ✓	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-30-**, 19**51**, to **6-29-**, 19**51**, that I last saw the deceased alive on **6-29-**, 19**51**, and that death occurred at **4-7m.**, from the causes and on the date stated above.

23A. SIGNATURE Frederick W. Smith	23B. ADDRESS JOHN HOPKINS HOSPITAL	23C. DATE SIGNED 6/29/51
---	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7-3-1951	24C. NAME OF CEMETERY OR CREMATORY Mount Zion Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore City Maryland
DATE RECEIVED BY LOCAL REGISTRAR JUL 2 1951	REGISTRAR'S SIGNATURE William Williams	25. FUNERAL DIRECTOR Joseph A. Lively	ADDRESS 661 W. Bane Street

51 5829

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5829

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thompson, Anna

2. DATE
OF
DEATH

7/2/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Church Home & Hospital

C. Length of stay in Baltimore

3

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

March 18, 1874 77

9. AGE (In years
last birthday)If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore City Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Weil, Henry

14. MOTHER'S MAIDEN NAME

Collison, Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Living Thompson, Arlington

18. 4221 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arterio Scler. Cerebro Vascular
Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Ch. Cardiac Decompensation

3 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from June 30, 1951, to July 2, 1951, that I last saw the
deceased alive on July 2, 1951, and that death occurred at 10:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 3 1951

Huntington Williams, M.D.

A. J. Bailey

VS 150

Arlington Md 937

MINISTRY OF HEALTH
CERTIFICATE OF DEATH

Name of Deceased		Sex		Age	
Date of Birth		Date of Death		Time of Death	
Place of Birth		Place of Death		Cause of Death	
Occupation		Signature of Doctor		Signature of Registrar	
Signature of Family		Signature of Coroner		Signature of Medical Officer	
Signature of Nurse		Signature of Pathologist		Signature of Public Health Officer	
Signature of Midwife		Signature of Health Visitor		Signature of Social Worker	
Signature of Chaplain		Signature of Minister of Religion		Signature of Other	

530 51 5830

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5830
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>George Schmidt</i>		2. DATE OF DEATH <i>July 1, 1951</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
b. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>312 S. Furrow Street</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 20-05</i>	
c. Length of stay in Baltimore <i>27 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>312 S Furrow St</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 7-1874</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Chronicler</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Shoe Repairs</i>	9. AGE (In years last birthday) <i>76</i>
13. FATHER'S NAME <i>Andrew Schmidt</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>Germany</i>	
16. SOCIAL SECURITY NO. <i>None</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Fischer</i>	
17. INFORMANT <i>Mrs Margaret Schmidt - Furrow</i>		ADDRESS <i>312</i>	

18. <i>4200</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) <i>Auricular Fibrillation</i>		<i>?</i>
ANTECEDENT CAUSES	DUE TO <i>Hypertrophy of the Left Ventricle</i>		<i>?</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Arteriosclerotic Heart Disease</i>		<i>?</i>
II	(C) <i>Generalized Arteriosclerosis</i>		<i>?</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	<i>Diabetes Mellitus</i>		<i>1 year</i>

19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept 11, 1950</i> , to <i>July 1, 1951</i> , that I last saw the deceased alive on <i>June 26, 1951</i> , and that death occurred at <i>9 A</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>William N. Borden</i>		23b. ADDRESS <i>2030 W. Fayette St</i>		23c. DATE SIGNED <i>9/1/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>7/3/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>	24d. LOCATION (City, town, or county) (State) <i>Woodlawn Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 3 1951</i>		REGISTRAR'S SIGNATURE <i>Wm N Borden</i>		25. FUNERAL DIRECTOR <i>Geo. F. Berger</i>	
				ADDRESS <i>312 Hollins St Balt 23 Md.</i>	

correct age is especially important

CERTIFICATE OF DEATH

STATE OF NEW YORK

1900

24

51 5831

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5831

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bertha Anna Trogler

2. DATE
OF
DEATH

June 29/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. HOME

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 2619 Georgetown Rd.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 25.52

D. STREET ADDRESS (If rural, give location)

2619 Georgetown Rd.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

Married

8. DATE OF BIRTH

March 19, 1903

9. AGE (In years

last birthday)

48

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frederick Reichert

14. MOTHER'S MAIDEN NAME

Catherine Burr

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

David F. Trogler, 2619 Georgetown Rd

18.

443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Thromboplegia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension Cardiovascular

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1 - 1949 to June 29, 1951, that I last saw the deceased alive on 27, 1951, and that death occurred at 8:40 pm, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

July 3/51

Loudon Park

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

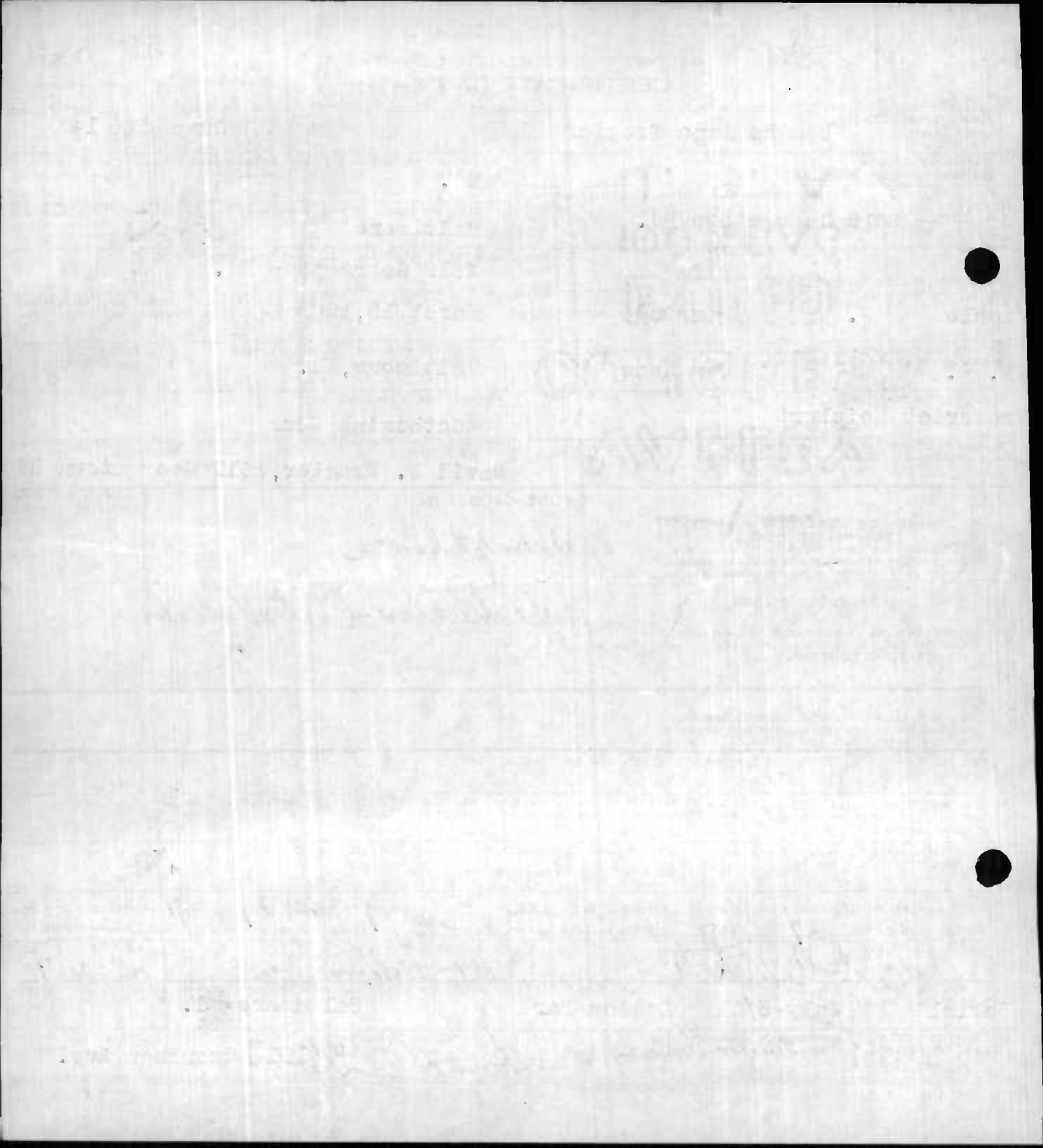
25. FUNERAL DIRECTOR

ADDRESS

JUL 3 1951

William Williams, M.D.

Harry H. Williams, 841013 Edmondson Ave.



51 5832

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5832

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hermine Hauser

2. DATE
OF
DEATH

July - 1 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1533 N. Patterson Pl.

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

MD.

B. COUNTY

8-04

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1533 N. Patterson Pl. Ave.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Jan. 7 - 1883

9. AGE (In years - last birthday)

68

If Under 1 Year Months Days Hours Min.

68

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTH PLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Albert Rudolph Gutherlet

14. MOTHER'S MAIDEN NAME

Ernestina Eschstein

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or branch of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Marie Bordes - 1533 N. Patterson Pl.

CAUSE OF DEATH

18. *445X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocardial Failure

INTERVAL BETWEEN ONSET AND DEATH

Two days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension

Severely

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *June 1950*, to *July 1, 1951*, that I last saw the deceased alive on *June 26, 1951*, and that death occurred at *3 A* m., from the causes and on the date stated above.

23A. SIGNATURE

William R. Kearns

M. D.

23B. ADDRESS

3025 Belair Road

23C. DATE SIGNED

July 2, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

7-2-1951

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem Northway - Balto. Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

JUL 3 1951

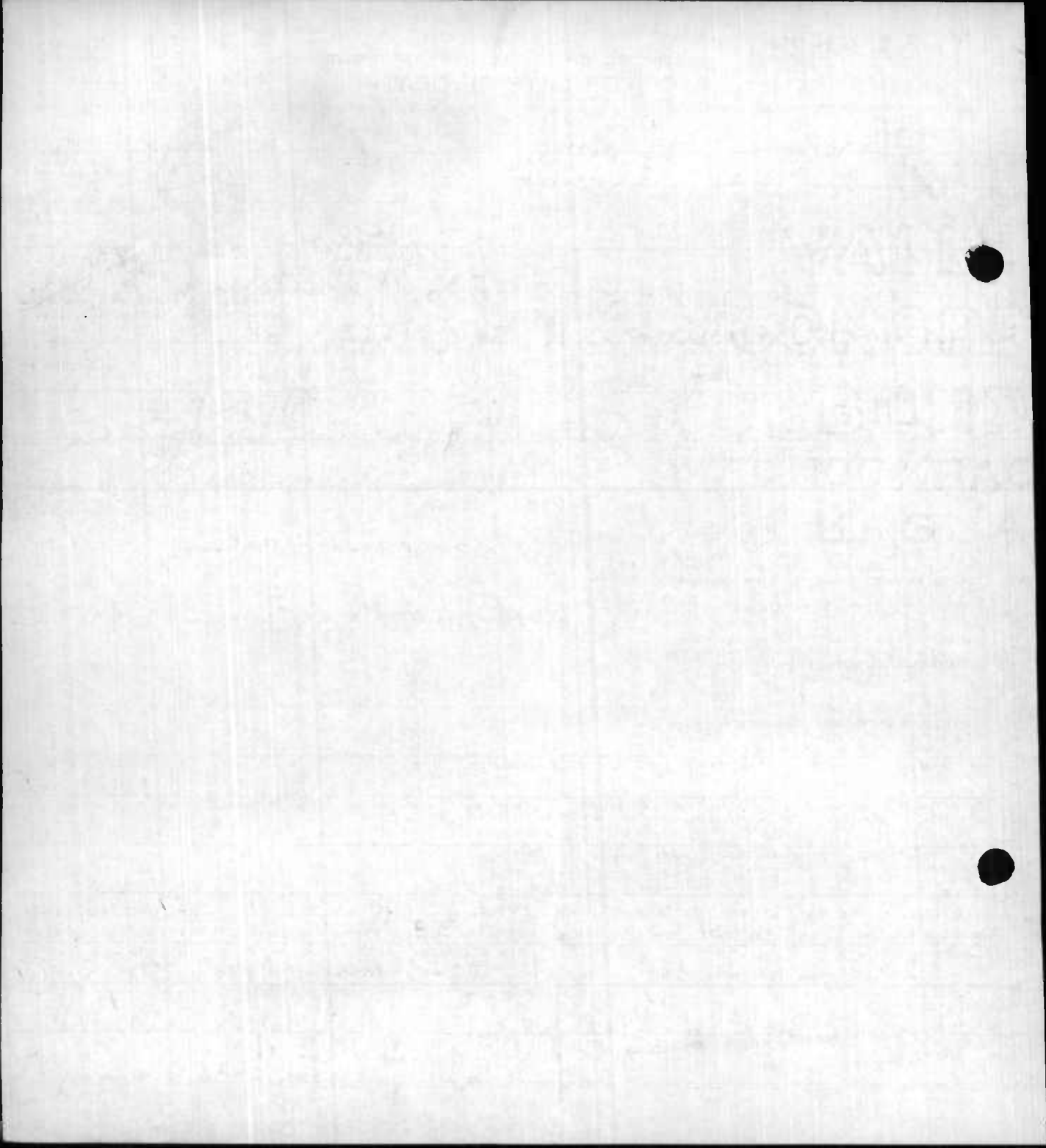
REGISTRAR

John C. Miller

25. FUNERAL DIRECTOR

John C. Miller Inc. 2435 E. Olney St

ADDRESS



253 51 5833

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5833
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) HENRY ASENDORF		2. DATE OF DEATH JULY-2nd 51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1214 LINDEN AVE		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE BALTIMORE MD B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE MD			
c. Length of stay in Baltimore 77 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1214 LINDEN AVE 11-04			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB-8 1874	9. AGE (In years last birthday) 77	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BALTIMORE	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME ALBERT ASENDORF		14. MOTHER'S MAIDEN NAME EMMA THIEMEYER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS MRS ANNA ASENDORF-1214 LINDEN AVE	
18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary heart disease DUE TO ANTECEDENT CAUSES (B) Arterio Sclerosis (general) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1 , 19 51 , to July 2 , 19 51 , that I last saw the deceased give on July 2 , 19 51 , and that death occurred at 11:15 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE John D. Bubert M. D.		23B. ADDRESS 4803 Paul Heights Ave		23C. DATE SIGNED July 2, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) General		24B. DATE 7-5-51		24C. NAME OF CEMETERY OR CREMATORY London Park	
24D. LOCATION (City, town, or county) (State) Baltimore Md		24E. FUNERAL DIRECTOR'S ADDRESS Mrs Charles G. Rohde 2327 Edmondson Ave			
DATE RECEIVED BY LOCAL REGISTRAR JUL 3 1951		REGISTRAR'S SIGNATURE Wmington Williams		24F. FUNERAL DIRECTOR'S ADDRESS Mrs Charles G. Rohde 2327 Edmondson Ave	

MEDICAL CERTIFICATION

STATE OF OHIO
COUNTY OF CATH

IN SENATE,
January 1st 1871.
REPORT
OF THE
COMMISSIONER OF THE
LAND OFFICE,
IN RESPONSE TO A
RESOLUTION PASSED
BY THE SENATE,
MAY 18th 1870.
ALBION, OHIO:
J. W. FARMER, PRINTER.
1871.

400 51 5834

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5834

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wm Deal

2. DATE
OF
DEATH

6/29/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

Proctor Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 17-02

D. STREET ADDRESS (If rural, give location)

1322 Plain Ave

C. Length of stay in Baltimore

39

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

1888

9. AGE (in years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unknown

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Hypertensive Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Cerebral Hemorrhage

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/29 1951 to 7/25 1951 that I last saw the
deceased alive on 6/29, 1951 and that death occurred at 9:45 PM, from the causes and on the date stated above.

23A. SIGNATURE

James H. Carter Jr. M.D.

23B. ADDRESS

1325 Pa Ave

23C. DATE SIGNED

7/2/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7-3-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

FUNERAL DIRECTOR

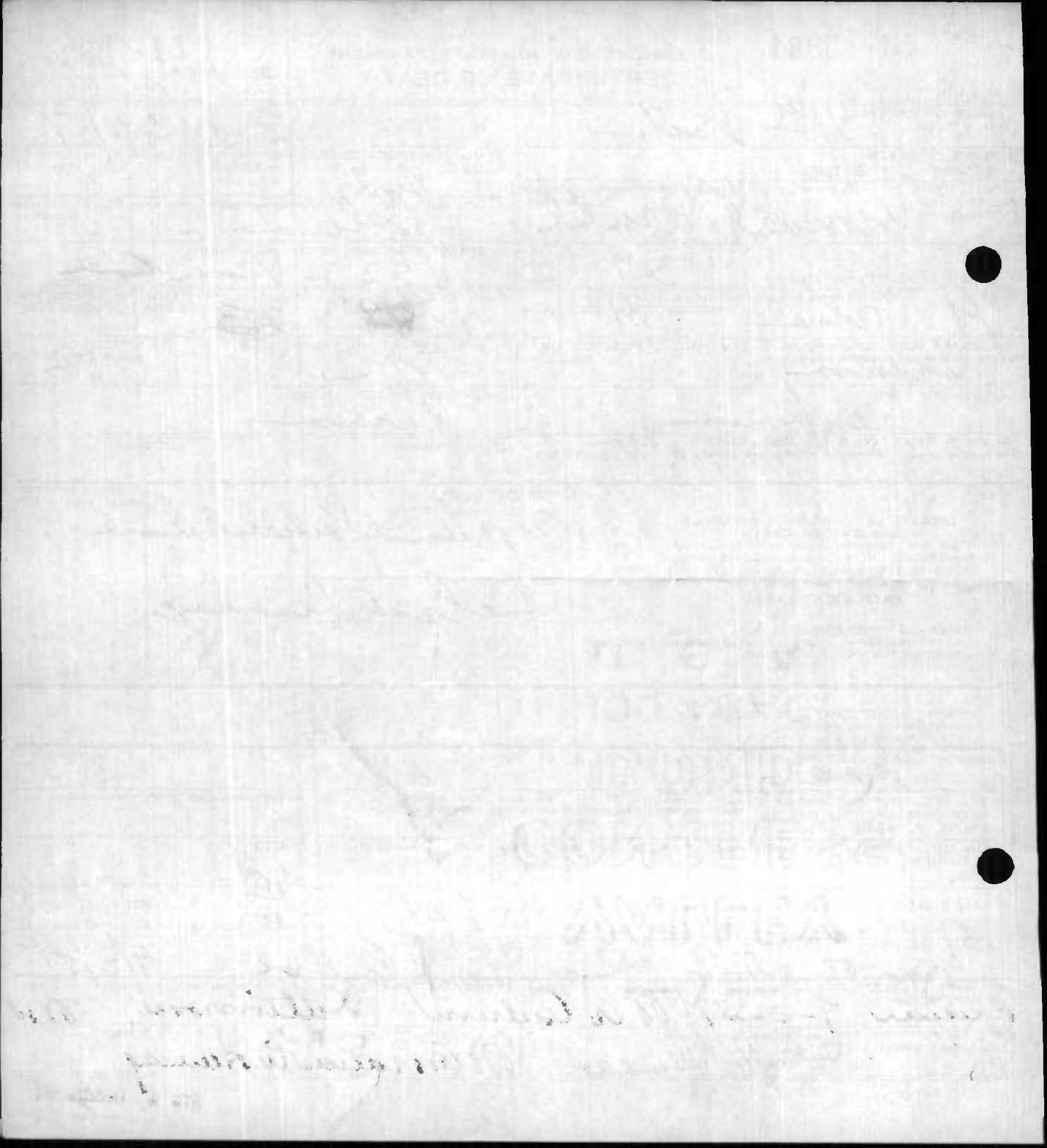
W. H. Hensley

ADDRESS

937 578 W. Biddle St.

VS 150 1951

MEDICAL CERTIFICATION



530 51 5835

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5835

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter Smith.

2. DATE
OF
DEATH

July 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1006 Warwick Ave.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1006 WARWICK AVE

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write IN RURAL and give township)
Baltimore.

D. STREET ADDRESS (If rural, give location)

1006 Warwick Ave 16-05

C. Length of stay in Baltimore

Life.

5. SEX

Male.

6. COLOR OR RACE

White.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

1-1-1876

9. AGE (In years
last birthday)

75

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Electrician (Retired)

10B. KIND OF BUSINESS OR
INDUSTRY

AM. Smelting & Ref. CO.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Smith

14. MOTHER'S MAIDEN NAME

Mary E. Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

212-03-0173

17. INFORMANT

ADDRESS

William A. Smith 1006 Warwick Ave

18. 443X I

CAUSE OF DEATH.

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hypertension.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Acute Distention Heart.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

NOT WHILE

WORK

AT WORK

22. I hereby certify that I attended the deceased from May 2, 1951 to July 2, 1951 that I last saw the
deceased alive on July 2, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

George E. Shannon MD

M. D.

23B. ADDRESS

820 Medical Arts Bldg

23C. DATE SIGNED

7/2/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

7/6/51

Loudon Park

BALTO. MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

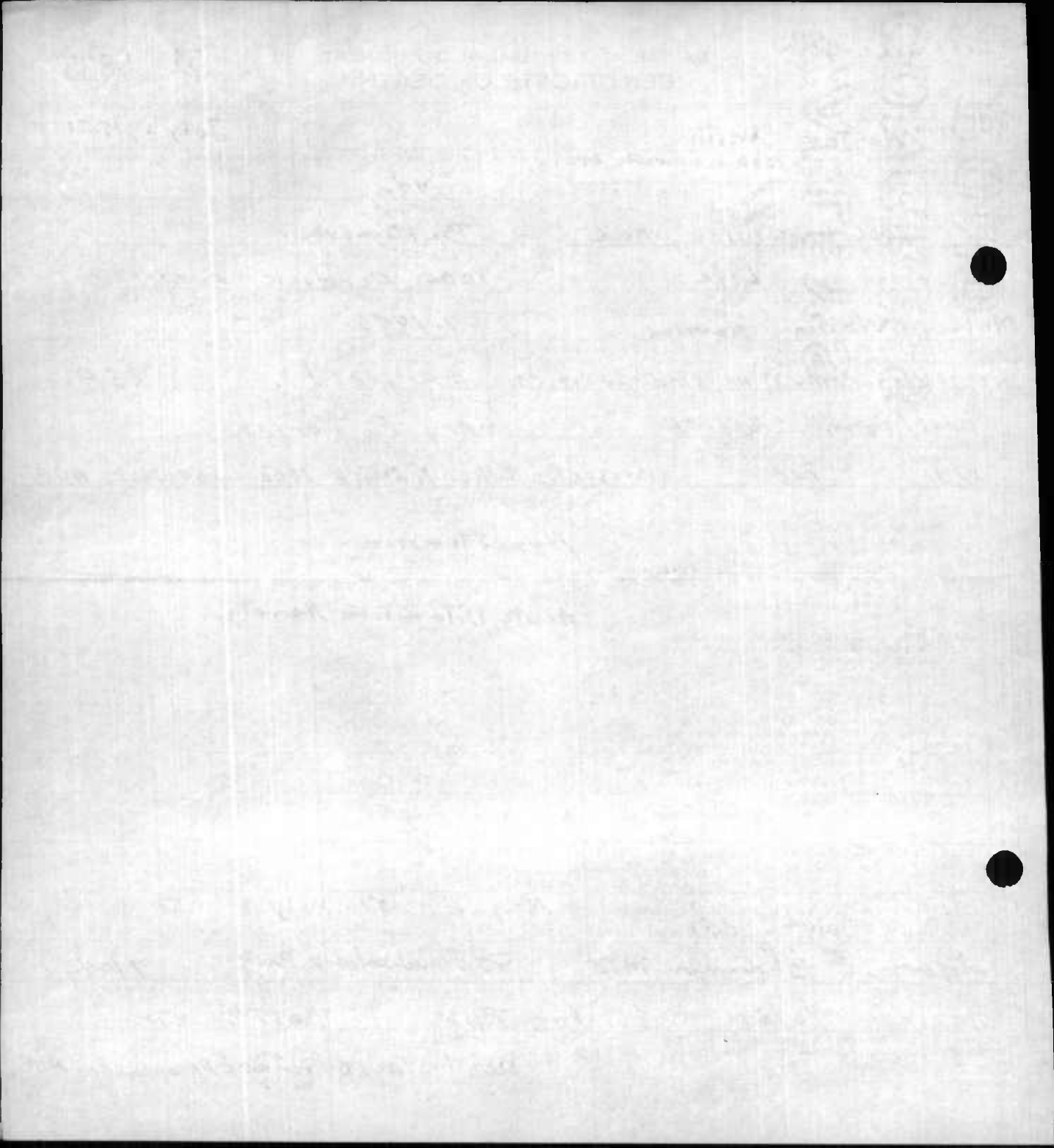
25. FUNERAL DIRECTOR

ADDRESS

JUL 3 1951

Huntington Highway, Md.

John T. STANSBURY 2700 EDMONDSON AVE.



510 51 5836

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5836
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bertha M. Knabe

2. DATE
OF
DEATH

July 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

600 N. Claymont Ave.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

600 N. Claymont Ave. 16-06

8. DATE OF BIRTH

Aug. 27, 1878

9. AGE (In years,
last birthday)

72

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Fredrick Knabe

14. MOTHER'S MAIDEN NAME

Mary Suresch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.
216.09.2143

17. INFORMANT

ADDRESS

Fredrick O. Knabe 600 N. Claymont Av.

18. April 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardiovascular disease

about
5 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arterio-sclerosis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan 1, 1949, to July 2, 1951, that I last saw the deceased alive on June 30, 1951, and that death occurred at 5 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Therese S. Kibbett

23B. ADDRESS

M. D.

2220 Garrison Blvd.

23C. DATE SIGNED

July 2/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/5/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

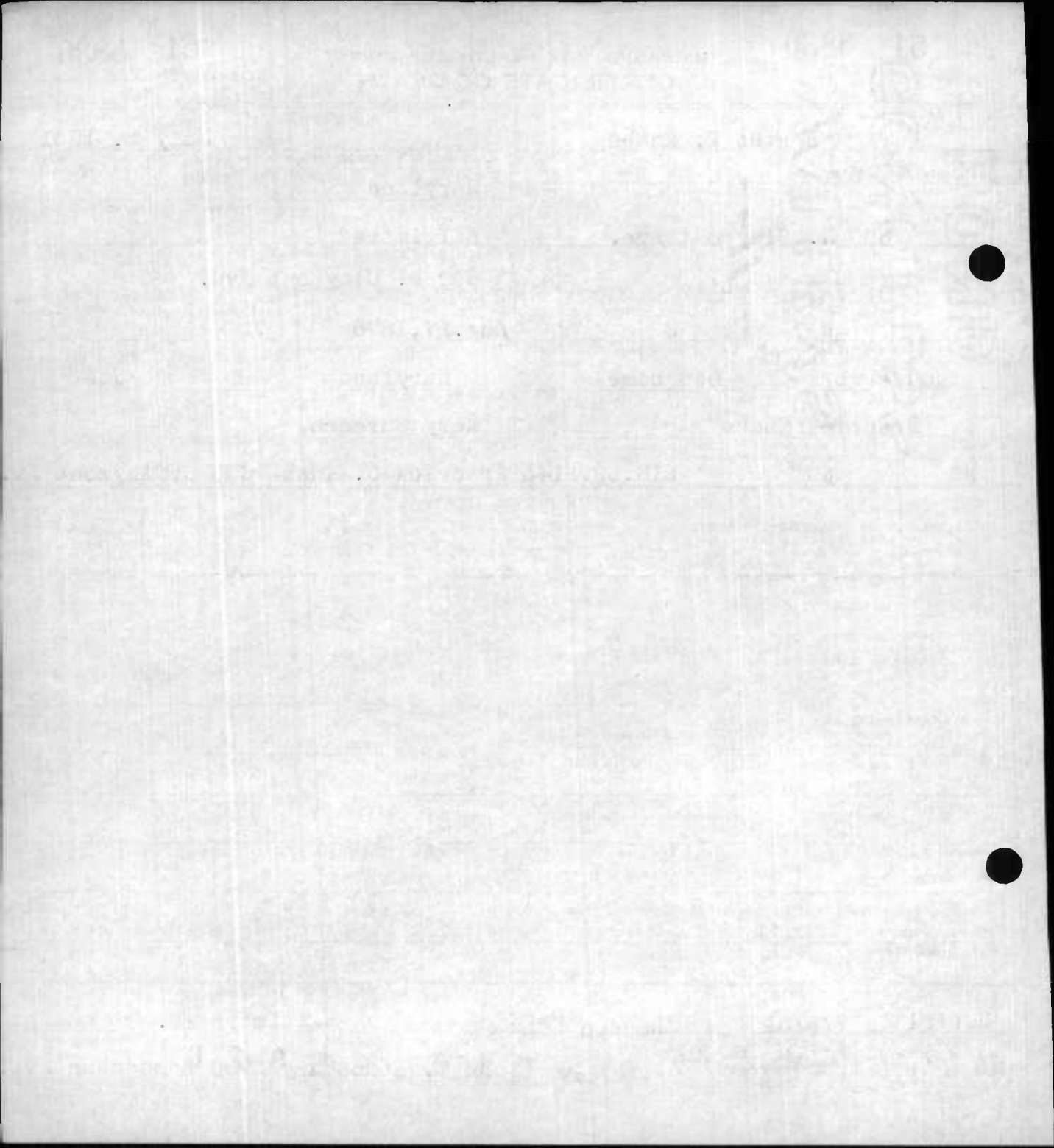
25. FUNERAL DIRECTOR

ADDRESS

JUL 3 1951

Huntington Williams, M.D.

John O. Stansbury 2700 Edmondson Ave.



200 51 5837

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5837

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MR. AKONZO LEWIS			2. DATE OF DEATH JULY 1, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland 2405 E. EAGER ST.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO. CITY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Dr's HOME			C. CITY OR TOWN (If outside corporate limits, write township) BALTIMORE, Md.		
c. Length of stay in Baltimore 32			D. STREET ADDRESS (If rural, give location) 2405 E. EAGER ST. 7-02		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH August 27, 1894	9. AGE (In years last birthday) 56	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FLORIST		10B. KIND OF BUSINESS OR INDUSTRY Flowers -	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME MR. HARRY LEWIS			14. MOTHER'S MAIDEN NAME MRS. EMMA ALLEN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO. WAR-WAR II 1942-45 212-01-1508	17. INFORMANT ADDRESS MRS. A. LEWIS (WIFE) 2405 E. EAGER ST.		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1 CORONARY ARTERIOSCLEROSIS DUE TO OCCCLUSION INTERVAL BETWEEN ONSET AND DEATH 3-4 yrs					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) CORONARY ARTERIOSCLEROSIS DUE TO (C) None					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION NONE		19B. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) ALONE		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) NONE	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> None		21F. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from Sept 1, 1946 to July 1, 1951 , that I last saw the deceased alive on July 1, 1951 , and that death occurred at 9:50 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Charles P. Cherry M.D.		23B. ADDRESS 2722 E. Monument St.		23C. DATE SIGNED July 5, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 4, 1951	24C. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24D. LOCATION (City, town, or county) (State) Horner's Lane, Baltimore, Md.		
DATE RECEIVED BY JUL 5 1951		REGISTRAR'S SIGNATURE Washington Williams, M.D.		FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	

V-420 51 5838

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5838

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie Jane Priscilla Willeke

2. DATE
OF
DEATH

July 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION 2939 Mosher St.,4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2939 Mosher St.,

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 16, 1877

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

--

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles E. Keene

14. MOTHER'S MAIDEN NAME

Ellen L. Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. D. Franklin Wherley 2939 Mosher St.

18.

151X 1

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) DUE TO
(B) DUE TO
(C) DUE TOCarcinoma of stomach
with extensive metastases.
Marked dehydration
inanitionINTERVAL BETWEEN
ONSET AND DEATH

1 yr.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Dec., 1950, to 2 July, 1951, that I last saw the
deceased alive on 2 July, 1951, and that death occurred at 2:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7-5-1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 3 1951

Huntington Williams

G. Howard Strong 3207 W. North Ave.,

300 P m
25
5 W

600 51 5839

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5839

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE A. CARR

2. DATE
OF
DEATH

JULY 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

BALTIMORE CITY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2833 CLIFTON AVE 15-06

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Dec. 28-1873

9. AGE (In years
last birthday)

17

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PATTERN MAKER

10B. KIND OF BUSINESS OR
INDUSTRYDANCO PATTERN INDUSTRY
V MFG. CO

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

GEORGE CARR

14. MOTHER'S MAIDEN NAME

MARTHA L. A. GREEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

213-01-1266

17. INFORMANT

ADDRESS

MRS. MARGARET M. BIRELY 2833 CLIFTON AVE

18. 443 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) PERIPHERAL VASCULAR COLLAPSE

3 DAYS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerosis, generalized with
Hypertensive Cardiovasc.
Disease

25 YRS

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Right ~~Foot~~ Foot
Mid - thigh Amputation, Gangrene

5-6 wks

19A. DATE OF OPERATION

JUNE 27, 1951

19B. MAJOR FINDINGS OF OPERATION

GANGRENE, RT. FOOT

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1951, to 7-1, 1951, that I last saw the
deceased alive on JULY 1, 1951, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert J. Mossu M.D.

23B. ADDRESS

UNIVERSITY HOSPITAL

23C. DATE SIGNED

7-1-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

7-5-1951

24C. NAME OF CEMETERY OR CREMATORY

GREENMOUNT

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 3 1951

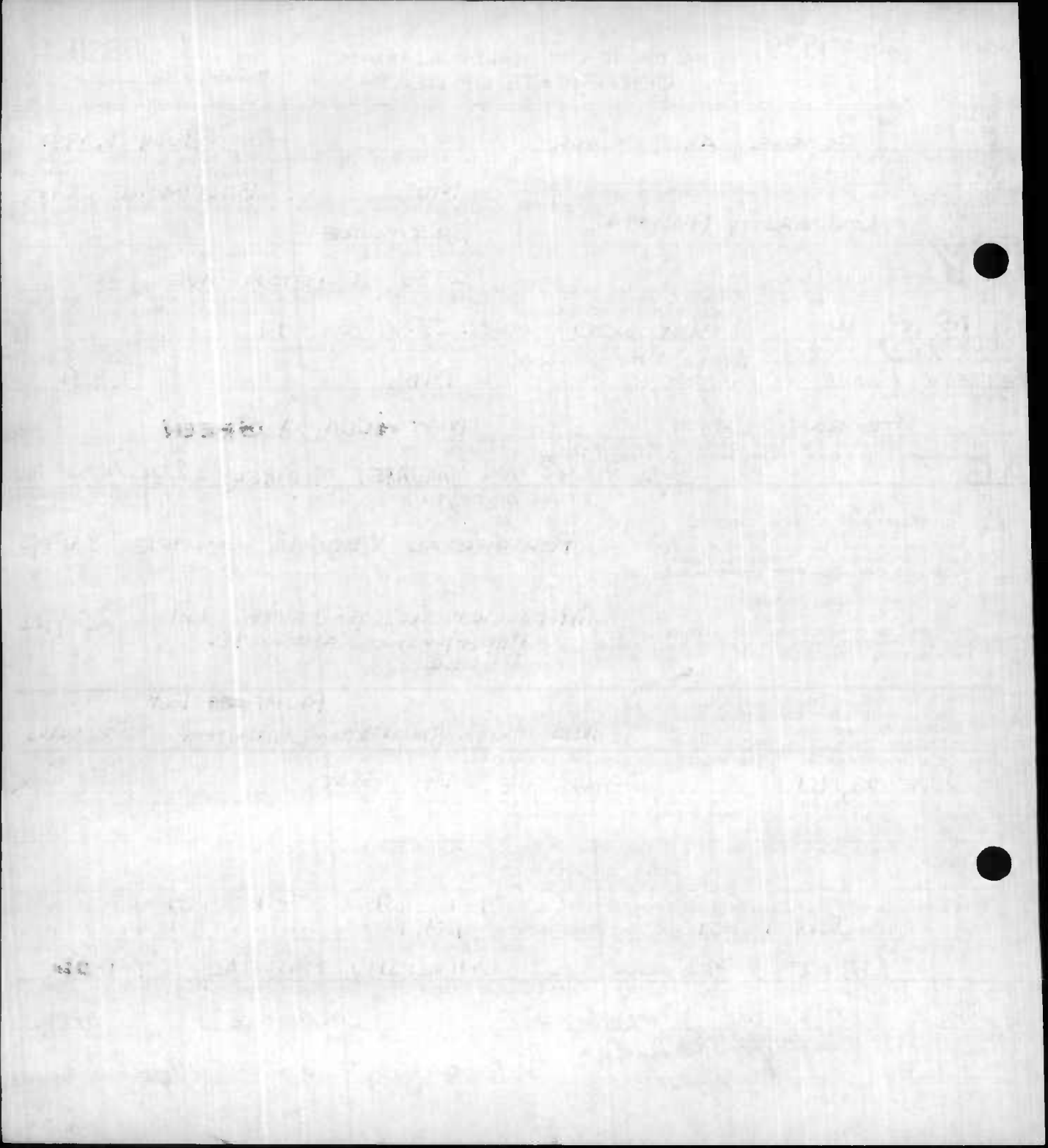
REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

[Signature] 3207 W. North Ave.



30 51 5840

51 5840

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-04017

1. NAME OF DECEASED
(Type or Print)

Jerry Tackett

2. DATE
OF
DEATH

july 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY

3 N. Pearl st, Balto, Md. 4-02

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Bon Secours Hospital

Life

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2/13/51

9. AGE (in years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

5

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Maryland Tackett

14. MOTHER'S MAIDEN NAME

Cleo Damron

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

M. Tackett 3 N. Pearl St

18. 756.2 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Patchy Atelectasis of Lungs

(A)
DUE TO

ANTECEDENT CAUSES

Congenital Megacolon

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/11/1951, to 7/2/1951, that I last saw the
deceased alive on 7/1/1951, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. G. Gault

M. D.

23B. ADDRESS

Bon-Secours Hospital

23C. DATE SIGNED

7/2/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 3 1951

J. G. Gault

Leo S. G. Gault 101-03 N. Patterson Park

VS 150

1578 ave

MEDICAL CERTIFICATION

THE STATE OF TEXAS
COUNTY OF DALLAS
I, the undersigned, Clerk of the County of Dallas, Texas, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the County of Dallas, Texas.

WITNESSED my hand and the seal of the County of Dallas, Texas, this 1st day of January, 1911.

CLERK OF COUNTY

600 51 5841

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5841

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Elijah Moore		2. DATE OF DEATH June 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto., Md.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 614 Warner St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.	
C. Length of stay in Baltimore 30 Yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 614 Warner St. 22-02	
5. SEX M.	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Jan. 5, 1900 9. AGE (In years last birthday) 51 If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Longshoreman		11. BIRTHPLACE (State or foreign country) Norfolk Va.	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Moore		14. MOTHER'S MAIDEN NAME Mimie Roach	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 213 09 7180	
17. INFORMANT Mrs. M. Moore		ADDRESS 2649 Ridgley St.	

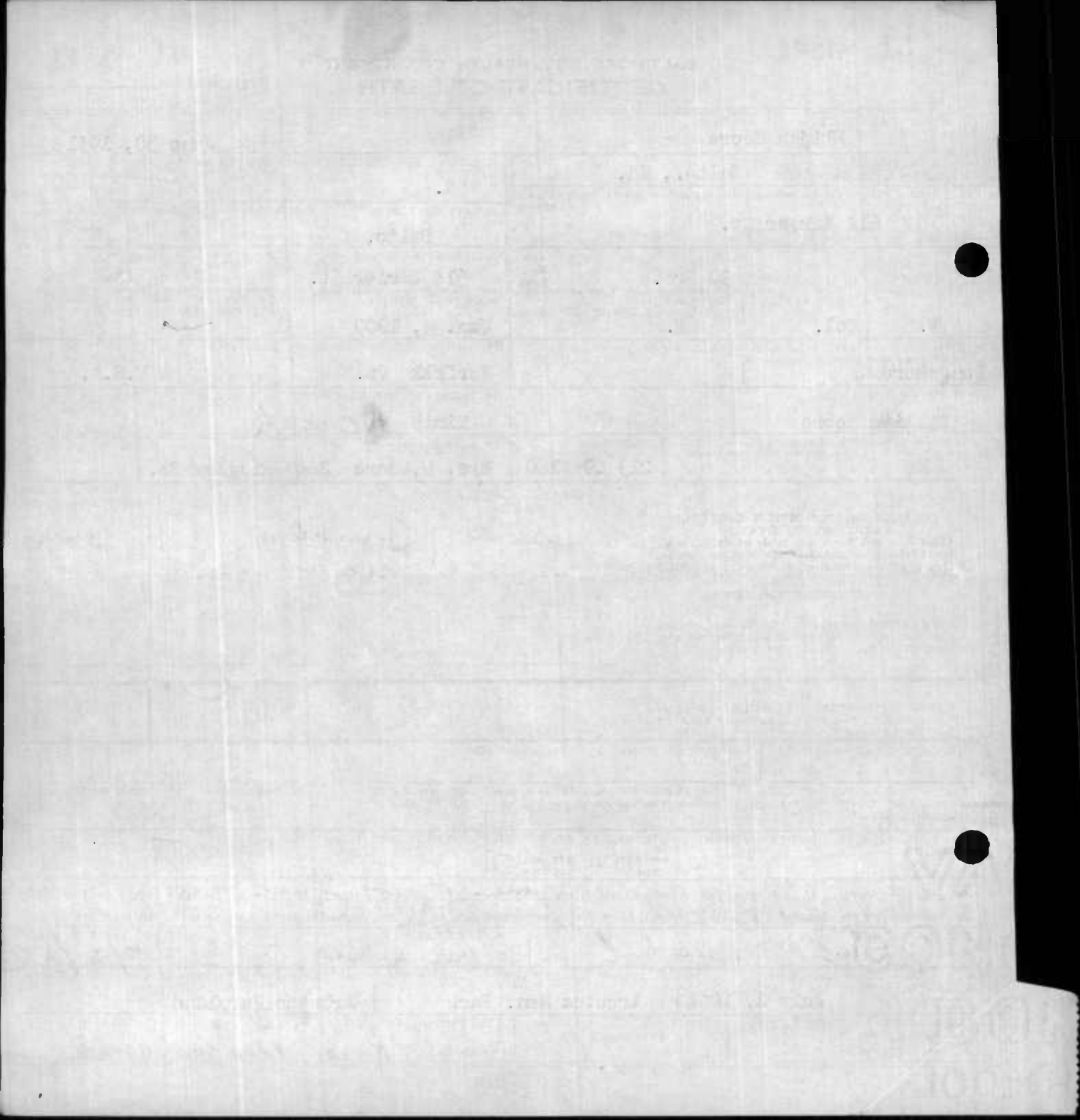
18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) acute Bronchitis DUE TO Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 wks.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

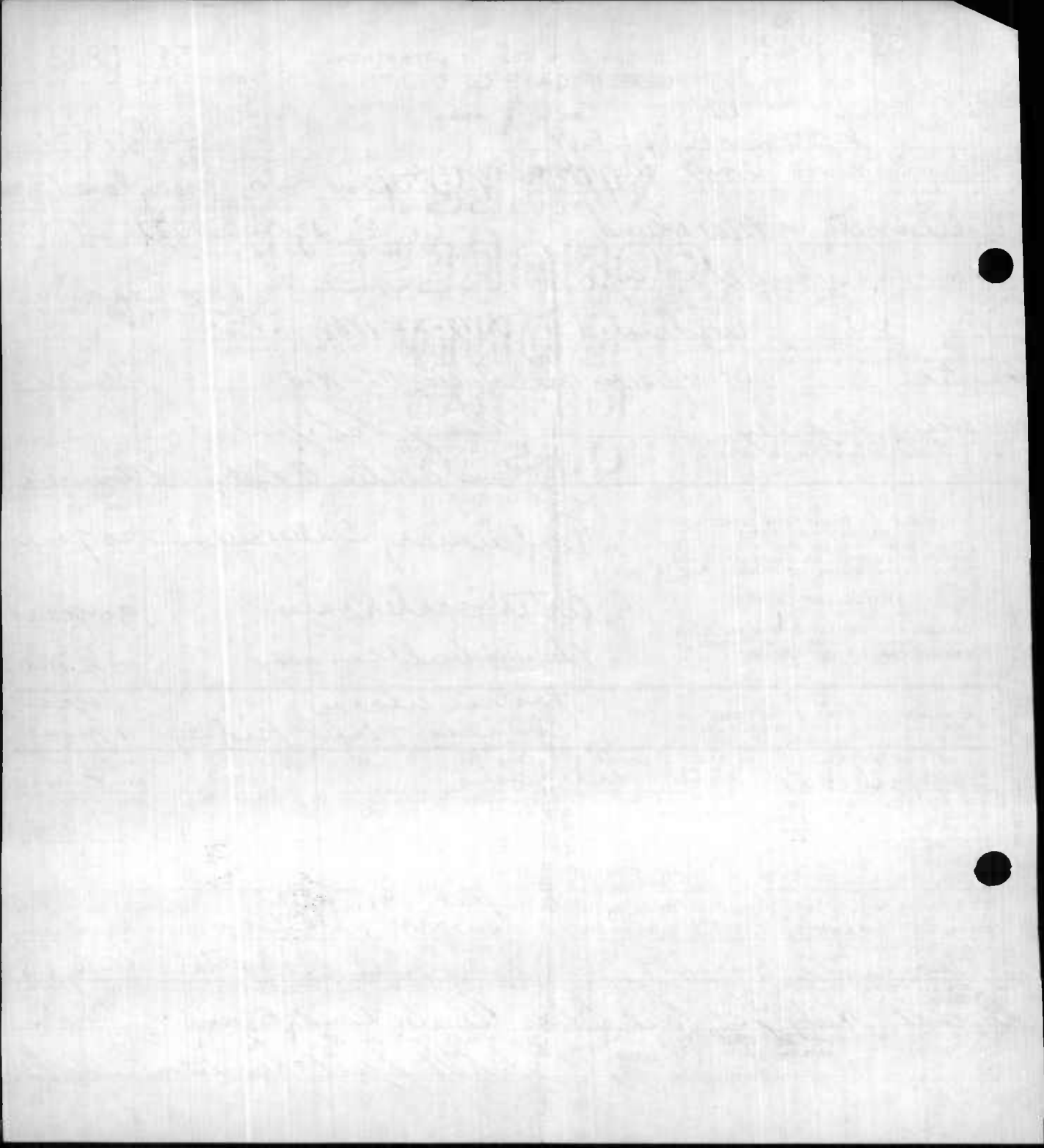
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from June 10, 1951 to June 30, 1951 , that I last saw the deceased alive on June 29, 1951 , and that death occurred at 7:30 a.m. , from the causes and on the date stated above.				
23A. SIGNATURE W. J. Franklin	M. D.	23B. ADDRESS 1225 See	23C. DATE SIGNED 7/3/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) B	24B. DATE July 2, 1951	24C. NAME OF CEMETERY OR CREMATORY Arbutus Men. Park	24D. LOCATION (City, town, or county) (State) Arbutus Maryland
DATE RECEIVED BY LOCAL REGISTRAR JUL 3 1951	REGISTRAR'S SIGNATURE Joseph S. Rues	25. FUNERAL DIRECTOR Joseph S. Rues ADDRESS 1200 McCue St.	

MEDICAL CERTIFICATION

PLEASE
correct





620 51 5843

51 5843

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Sadie Merrick		2. DATE OF DEATH 6-30-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Univ. Hosp. Balto. Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNIV. HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-01	
D. STREET ADDRESS (If rural, give location) 503 N. Mount St.		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1915-10-30
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY H.W.	9. AGE (In years last birthday) 36
11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY? ✓	
13. FATHER'S NAME Walter Everett		14. MOTHER'S MAIDEN NAME Jessie Balford	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Thomas Merrick		ADDRESS 503 N. Mount St.	

CAUSE OF DEATH

18. **783.1 I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) **Aspiration Pneumonia**
DUE TO **Aspiration during Convulsions**
(B) **Pulmonary Hemorrhage**
DUE TO **Etiology Unknown**
(C) _____

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pregnancy

19A. DATE OF OPERATION 6-15		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6-15**, 19**51**, to **6-30**, 19**51**, that I last saw the deceased alive on **6-30**, 19**51**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Chas. P. Watson, M.D.	23B. ADDRESS	23C. DATE SIGNED
--	--------------	------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 7/5/1951	24C. NAME OF CEMETERY OR CREMATORY Phoenix N.C.	24D. LOCATION (City, town, or county) (State) Phoenix N.C.
DATE RECEIVED BY LOCAL REGISTRAR JUL 3 1951	REGISTRAR'S SIGNATURE Washington Williams, M.D.	25. FUNERAL DIRECTOR Wm. T. B. Williams ADDRESS 322 N. Leonard St.	

Received

No

Amount \$231.00

July 2/42 \$231.00

450

51 5844

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5844

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Bernard R. Kellum

2. DATE

OF
DEATH

June 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Balto. City Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

714 E 21st St. 9-08

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 15, 1908

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

42

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Longshoreman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Easton Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Kellum

14. MOTHER'S MAIDEN NAME

Edith Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

714 E. 21st St. - Anthony Kellum

18. E 9-9-8 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Water

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
East side of National Gypsum Co. Pier, 4700 block Newgate Avenue

21D. TIME (Month) (Day) (Year) (Hour) (Minute)

June 30, 1951 7:00 P.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Drowned while swimming

26/36

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

William V. Lovett

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

July 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7-5-51

24C. NAME OF CEMETERY OR CREMATORY

Unionville Md.

24D. LOCATION (City, town, or county)

Unionville Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUL 3 1951

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

M. Newman & Son 2186 Washington St.

ADDRESS

94055 Easton Md.

VS 151

N-990X

183

MEDICAL CERTIFICATION

8650 51 5845

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5845
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL

BROWN

2. DATE
OF
DEATH

June 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1124 W. Lafayette Avenue 16-01

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 3, 1899

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Minister

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hartford Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Julius Brown

14. MOTHER'S MAIDEN NAME

Martha Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rose Brown 1124 W. Laf

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

~~XXXX~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary occlusion

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry hereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Brown

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 30, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

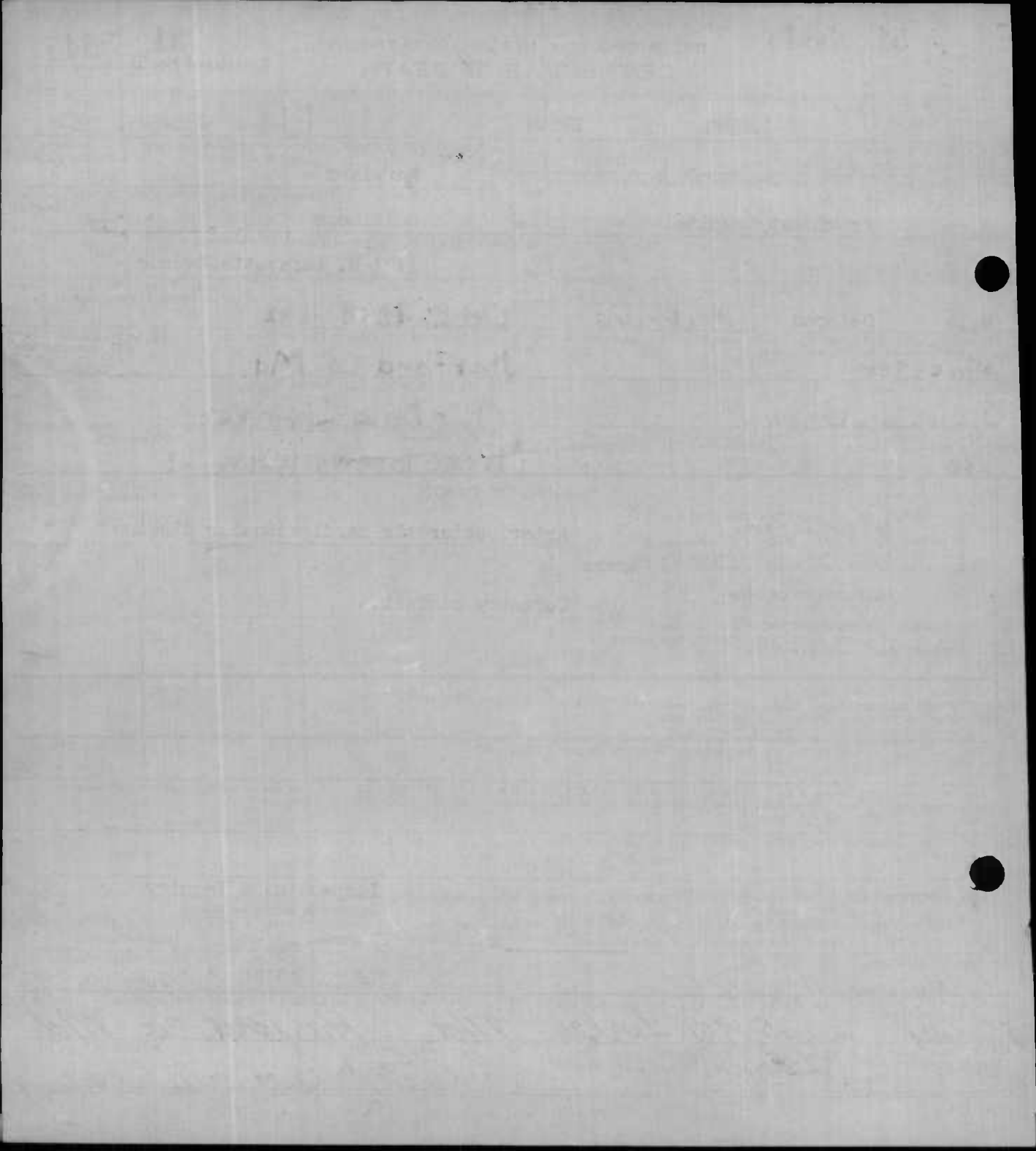
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 3 1951

Lorlee M. Brown
Washington, D.C.Mrs. Robert M. Brown 3229 Schenck St.
Hartford Co. Md.



652 51 5846

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5846
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM P. BURNS

2. DATE
OF
DEATH

7/1/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Federhoff Nursing Home

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3502 Clifton Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

3109 N. Calvert St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 5, 1862

9. AGE (In years
last birthday)

89

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. Police Dept

11. BIRTHPLACE (State or foreign country)

Camden, N. J.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Thomas Burns

14. MOTHER'S MAIDEN NAME

Martha ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mr. Wm. W. Burns 710 E. 20th St.

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. B. Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
July 2, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/5/51

24C. NAME OF CEMETERY OR CREMATORY

Ivy Hill

24D. LOCATION (City, town, or county)

Laurel, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Sicker, Sons Inc

ADDRESS

Baltimore, Md.

BADEN-WEIMAR CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1911

1912

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1914

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1955

655-51 5847

51 5847

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARY J. KERNAN			2. DATE OF DEATH 7-2-1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 520 E. Eager St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 10-01		
C. Length of stay in Baltimore 80 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 520 E. Eager St.		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Feb. 25, 1871	9. AGE (In years last birthday) 80	10. Under 1 Year Months Days 4 6
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMSTRESS		10B. KIND OF BUSINESS OR INDUSTRY MEN Tailoring	11. BIRTHPLACE (State or foreign country) BALTIMORE		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Matthew Kernan			14. MOTHER'S MAIDEN NAME ETLEN PLUNKETT		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Miss Marie X Hyland 2011 E 31 St.		

18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Chronic cong. failure	CAUSE OF DEATH (A) Chronic cong. failure DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio-sclerotic the coronary artery	(B) Arterio-sclerotic the coronary artery DUE TO Diabetes	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> ND <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 19, 1951**, to **2 July, 1951**, that I last saw the deceased alive on **1 July, 1951**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE S. L. L. L.	23B. ADDRESS 71 E. E. Brown	23C. DATE SIGNED 3 July 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7-5-1951	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery Baltimore
DATE RECEIVED BY LOCAL REGISTRAR JUL 3 1951	REGISTRAR'S SIGNATURE W. Williams	24D. LOCATION (City, town, or county) (State) Md.
25. FUNERAL DIRECTOR Edwin W. Conklin		ADDRESS 924 E. Eager St.

STATE OF CALIFORNIA

VALLEY

COOPER

COOPER

COOPER

23 51 5848

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5848

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Slaughter

2. DATE
OF
DEATH

6-28-51.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

38 University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 17

D. STREET ADDRESS (If rural, give location)

827 WHATCOAT ST. 16-02

Length of stay in Baltimore

40 YEARS

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

6-23-1895

9. AGE (In years last birthday)

56

10. Under 1 Year Months: Days: 5

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

GARAGE

11. BIRTHPLACE (State or foreign country)

TRAPPE (TALBOT Co) MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

TIMOTHY SLAUGHTER

14. MOTHER'S MAIDEN NAME

ANNIE HUDSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

YES

WW I.

16. SOCIAL SECURITY NO.

213-08-7974

17. INFORMANT

827 ADDRESS
ELSIE SLAUGHTER - WHATCOAT ST.

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary tb

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐HOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-25, 1951 to 6-28, 1951, that I last saw the deceased alive on 6-28, 1951, and that death occurred at 4 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward J. Broadbent

M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

6-29

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

7-3-51.

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE NAT.

24D. LOCATION (City, town, or county)

BALTIMORE. MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

ADDRESS

Wm. A. JACKSON - 818 PENNA. AVE.

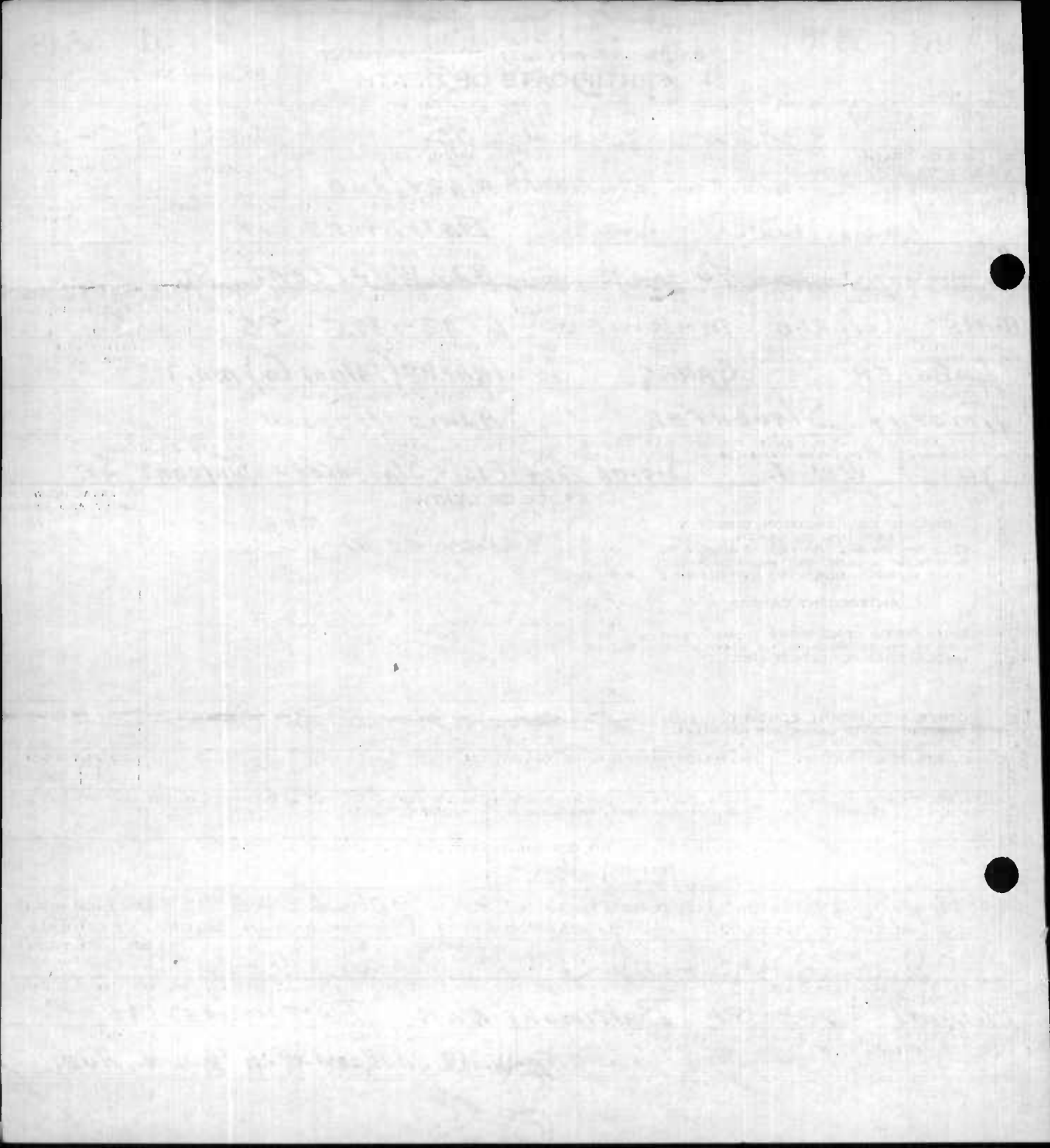
VS 150

97083

13B

MEDICAL CERTIFICATION

control life is expensive



40 51 5849

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5849

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Robert K. Bierley			2. DATE OF DEATH July 2, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 16 E. Lafayette Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 16 E. Lafayette Avenue 12-05		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 1, 1885	9. AGE (In years last birthday) 65	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Machinist			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Jacob Bierley			14. MOTHER'S MAIDEN NAME Mary E. Leckrone		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT ADDRESS Mrs. Myrtle A. Bierley, 16 E. Lafayette Ave					

18. 4720.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Hypertensive arteriosclerotic cardiovascular disease (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) positive coronary sclerosis DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

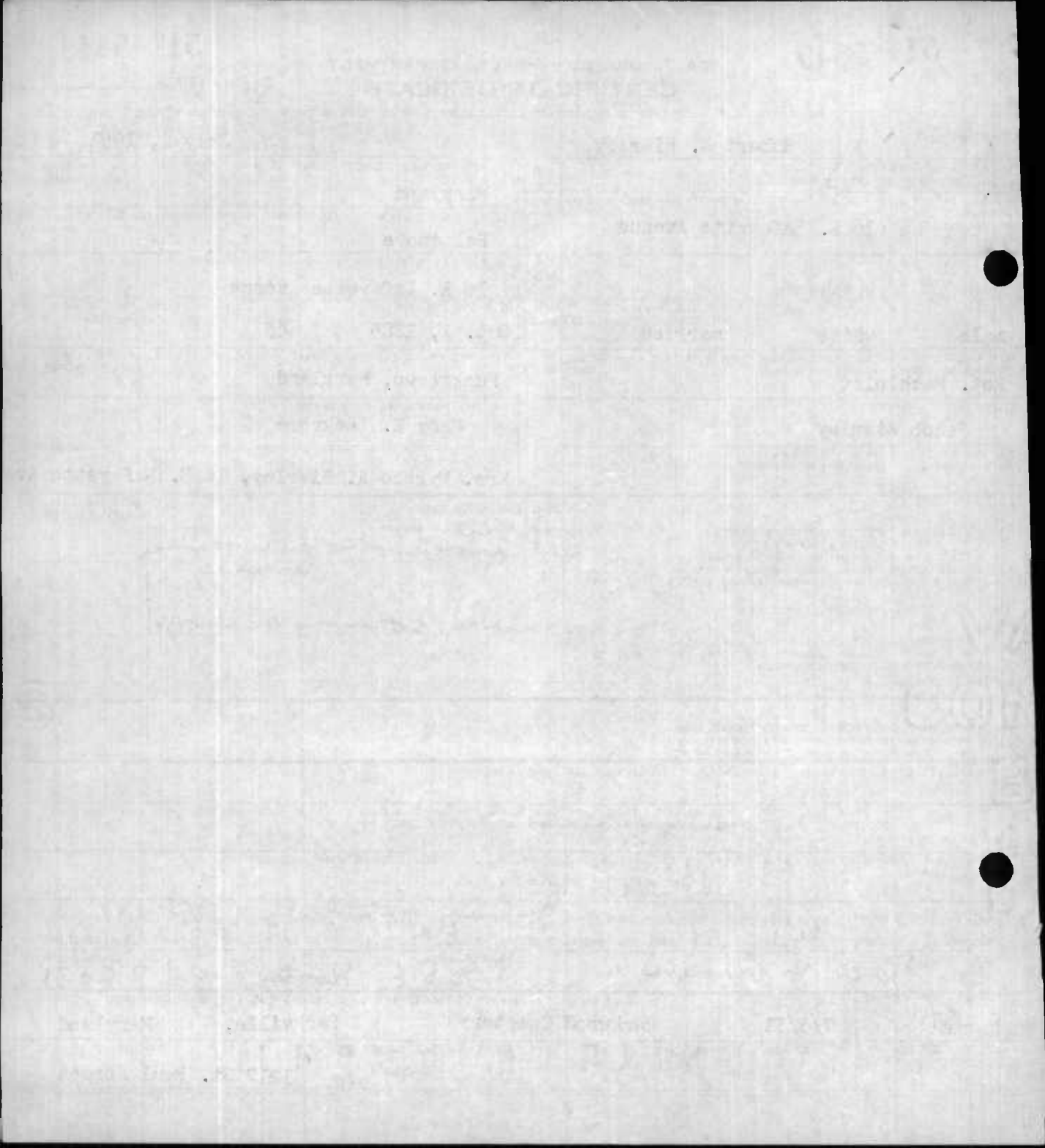
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1945 to July 2, 1951, that I last saw the deceased alive on July 1, 1951, and that death occurred at 6 A.M. from the causes and on the date stated above.

23A. SIGNATURE Jack J. Surgen	23B. ADDRESS 506 E. North Ave	23C. DATE SIGNED 7-2-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 7/5/51	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Parkville, Maryland
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DATE RECEIVED BY LOCAL REGISTRAR JUL 5 1951	REGISTRAR'S SIGNATURE W. H. ...	25. FUNERAL DIRECTOR Wm. ...	ADDRESS 1217 St. Paul Street
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2051 5850

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5850
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Cora Belle Funk		2. DATE OF DEATH 7/2/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHN HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Middle River	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 37 Waymeter Drive 5200	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH 11-18-75
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years last birthday) 75
13. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? Unknown	
16. SOCIAL SECURITY NO. —		17. INFORMANT ADDRESS JOHN HOPKINS HOSPITAL	

18. 541.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Preferate duodenal ulcers	CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

19A. DATE OF OPERATION 7-2-51		19B. MAJOR FINDINGS OF OPERATION Generalized Peritonitis		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6-29-1951 to 7-2-1951 , that I last saw the deceased alive on 7-2-1951 , and that death occurred at 3:20 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE Elmer A. Wingate	23B. ADDRESS JOHN HOPKINS HOSPITAL	23C. DATE SIGNED 7-2-51	
24A. BURIAL, CREMATION, REMOVAL Burial	24B. DATE 7/5/51	24C. NAME OF CEMETERY Woodstock	24D. LOCATION (City, town, or county) (State) Woodstock Virginia
DATE RECEIVED BY LOCAL REGISTRAR JUL 3 1951		25. FUNERAL DIRECTOR ADDRESS Wm. B. B. Co., Inc., 1217 H. Paul St.	

VALLEY

COMPRESS

BOND

COLLEGE

1953

62 51 5851

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5851
Registered No.

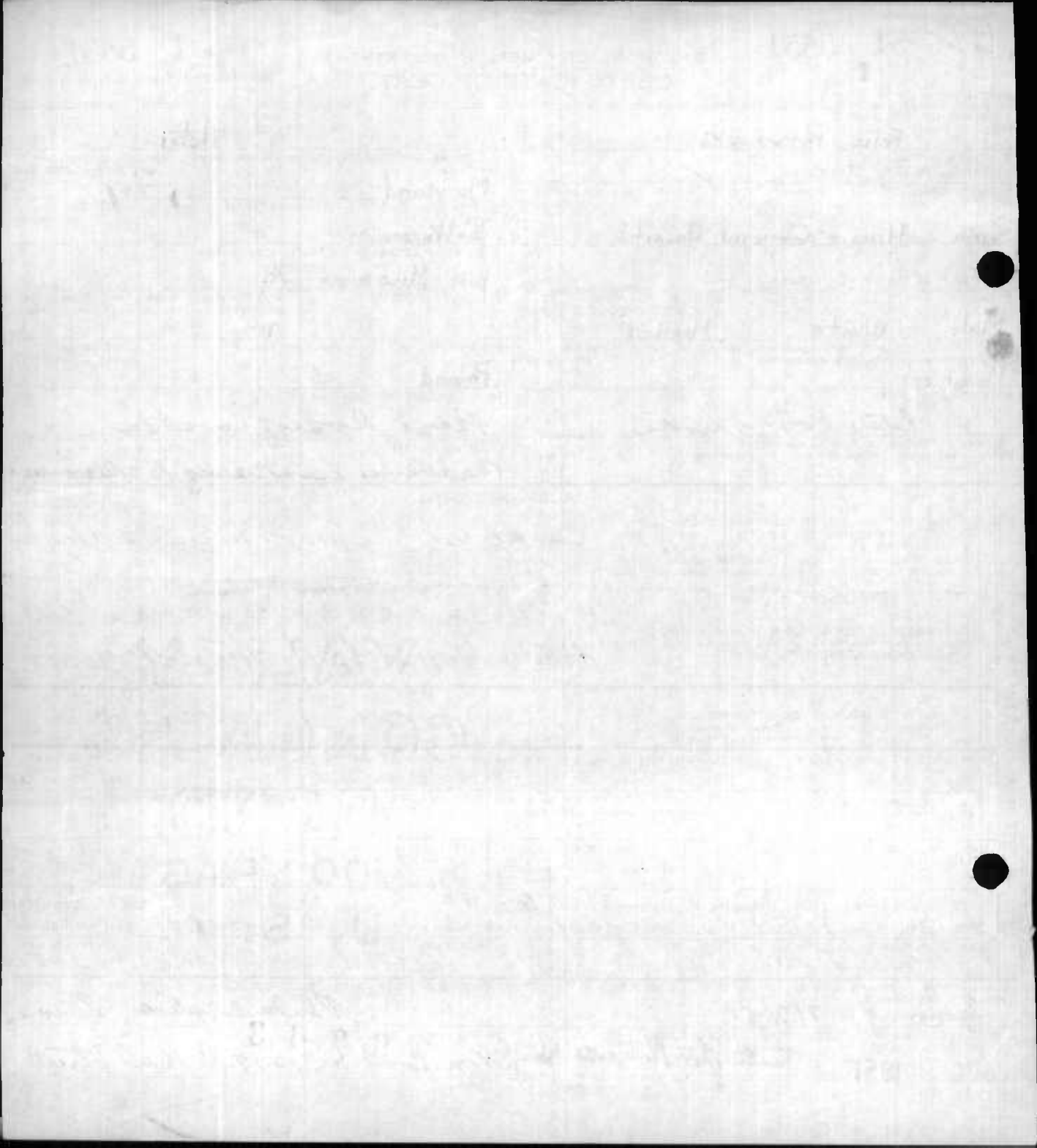
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Felix Potrzuski			2. DATE OF DEATH 7/3/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓ B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital Length of stay in Baltimore Yrs. Mos. Days			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 2-03 C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 1631 Aliceanna St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 78	9. AGE (In years last birthday) 78	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Poland
13. FATHER'S NAME Peter Potrzuski			14. MOTHER'S MAIDEN NAME Pearl Roscziwska		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Thaddeus Sienkiewicz, 1631 Aliceanna			ADDRESS		

18. 470.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cerebral hemorrhage 3 days DUE TO Hypertensive cardiovascular disease years Arteriosclerosis heart disease years		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7-3-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-30 , 19 51 , to 7-3 , 19 51 , that I last saw the deceased alive on 7-2 , 19 51 , and that death occurred at 3:50 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Augustin del Campo		23B. ADDRESS 1213 Light St. Balt Md		23C. DATE SIGNED 7-3-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 7/3/51		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State) Philadelphia, Penna.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 3 1951		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. FUNERAL DIRECTOR Wm. Cook, Inc.		ADDRESS 1217 So. Paul Street	



536

51 5852

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5852
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARTHUR

L.

ANDERS

2. DATE
OF
DEATH

July 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Mercy Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

1 day

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Oct-7-1917

9. AGE (In years
last birthday)

33

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Evansville

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Arthur Charles Anders

14. MOTHER'S MAIDEN NAME

Annie Peterson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 4/20.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary artery sclerosis 420.1

DUE TO

ANTECEDENT CAUSES

Chronic passive congestion of lungs

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Dunbar

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
July 2, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 3 1951

Arlington National

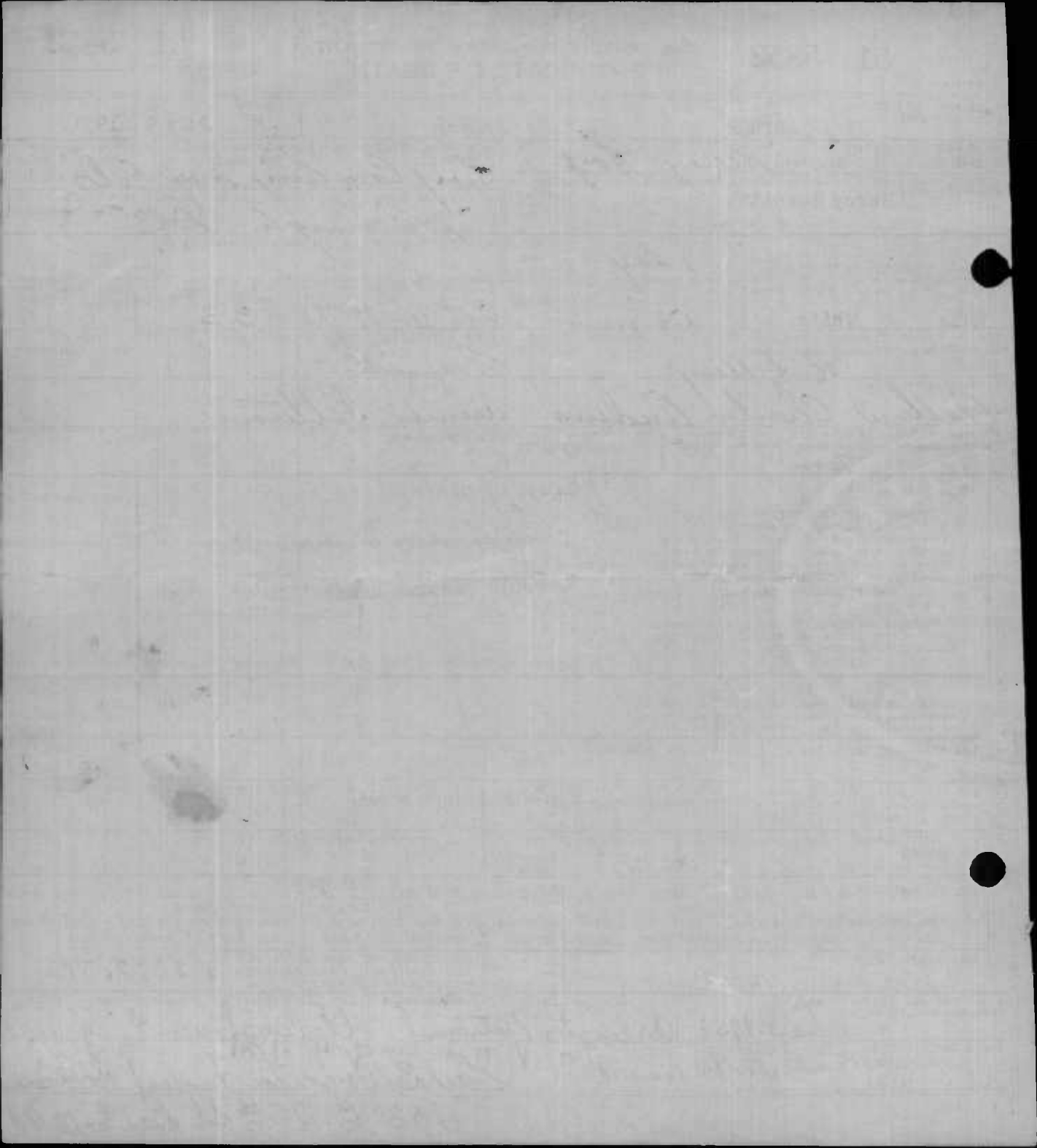
Arlington - Virginia

VS 151

59591

403-E-25th St. Balts-18-Md

MEDICAL CERTIFICATION



652
51 5853BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5853
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS

HERRING

2. DATE
OF
DEATH

7/2/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE B. COUNTY

223 W Monument St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto Md 11-03

D. STREET ADDRESS (If rural, give location)

223 W Monument St

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 26/1869

9. AGE (in years
last birthday)

82

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Insurance Agent

10B. KIND OF BUSINESS OR
INDUSTRY

Insurance Agent

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Josephine Mayell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

218-30-6387

17. INFORMANT

Josephine Mayell

ADDRESS

1600 North

18. 4221 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Atherosclerotic Cardiovascular
Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

John R. Davis

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☐M.D. MEDICAL INVESTIGATOR.....☐

DATE SIGNED

7/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 3 1951

Walter W. Williams, Jr.

Mamie L. Syfer

937

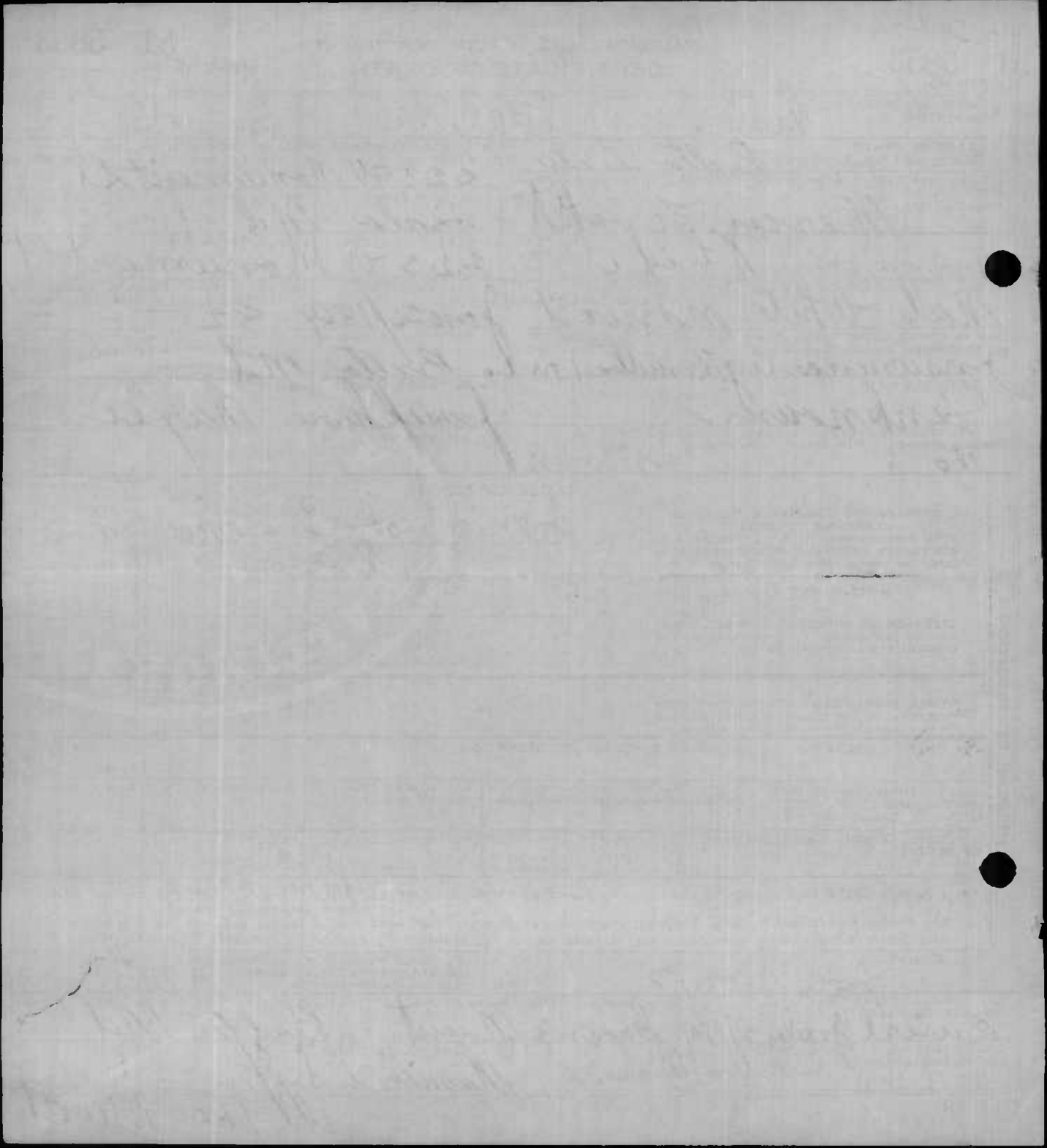
VS 151

1600 North

1600 North

1600 North

correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5854**

BIRTH NO. **51-04536**

1. NAME OF DECEASED (Type or Print) VIOLA		2. DATE OF DEATH July 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2112 Pennsylvania Ave.		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2/26/51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Wallace Plato		14. MOTHER'S MAIDEN NAME Doris Distance	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Evelyn Distance		ADDRESS 2112 Penna Ave.	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 491X I Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

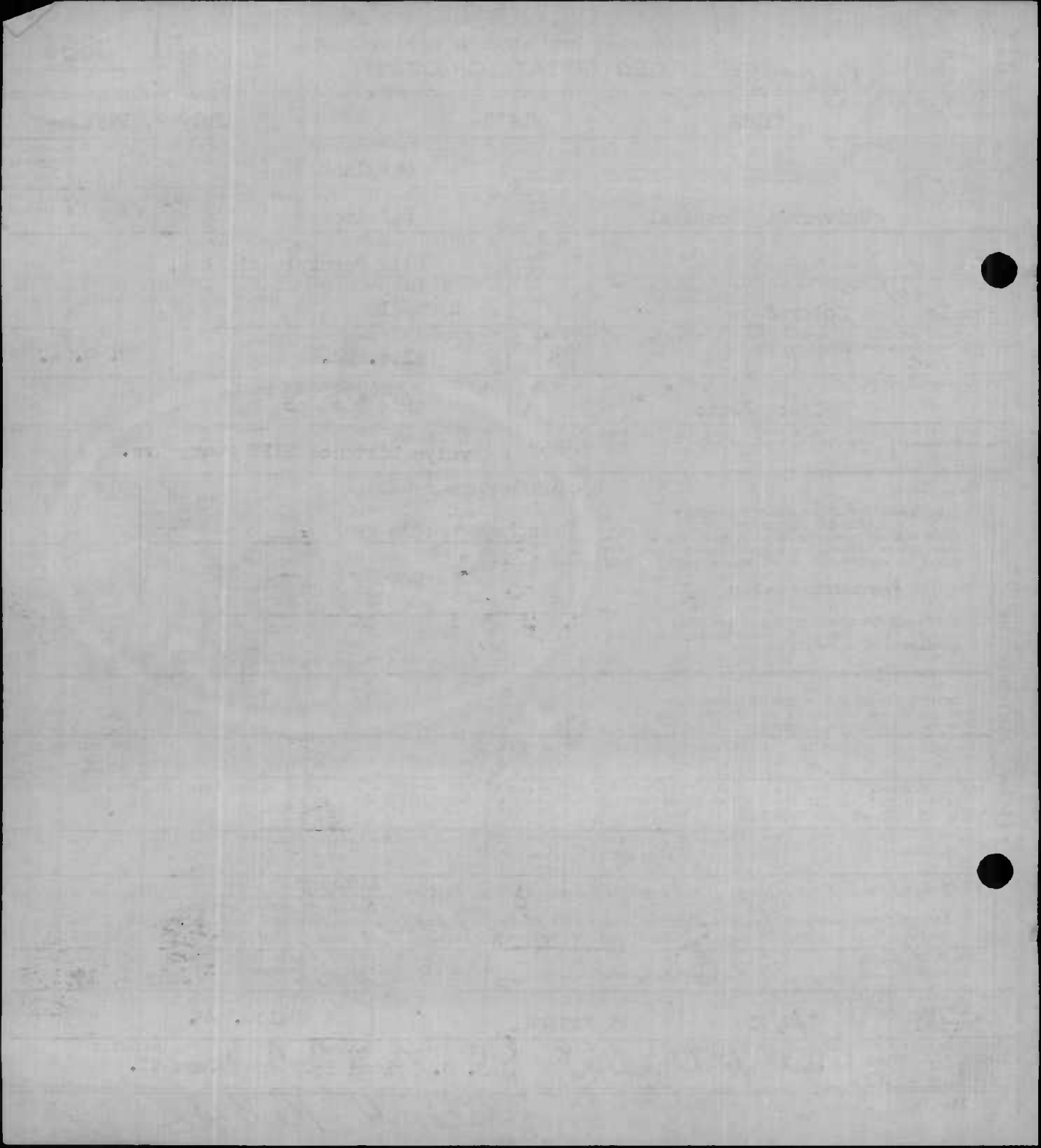
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley K. Dunbar</i> M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED July 2, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/2/51	24C. NAME OF CEMETERY OR CREMATORY St Peters	24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 3 1951	REGISTRAR'S SIGNATURE <i>Wm. H. Kelton</i>		25. FUNERAL DIRECTOR Geo. H. Kelton ADDRESS 1303 Presstman St.	

V S 151 *Geo. H. Kelton 107*

Correct age is especially important. If physicians, please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION



520
51 5855BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5855
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles T. Wing

2. DATE
OF
DEATH

June 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Proident Hosp.

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

and

C. CITY OR TOWN (If outside corporate limits, write P. R. A. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1820 Clifton Ave

5. SEX

m

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

June 25, 1905

9. AGE (In years,
last birthday)

46

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

messenger

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. Post office

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

Charles C. Wing

14. MOTHER'S MAIDEN NAME

Annie R. Boyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Delean M. Wing 1820 Clifton Ave

18. 4201

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) acute myocardial infarction

16 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) hypertensive heart disease

15 mos

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from January, 1944, to 6:30, 1951, that I last saw the deceased alive on 6:29, 1951, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1927 Madison Ave

7.3.51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 3 1951

VS 150

34090

1303 Prentiss Ave

937

MEDICAL CERTIFICATION

10/10/51
10/10/51

10/10/51
10/10/51
10/10/51

650

51 5856

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5856

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louise Green

2. DATE
OF
DEATH

6-30-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or location)

Univ. Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1415 McCulloch St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

4/16/1903

9. AGE (In years last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Lena Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Sister

ADDRESS

18.

331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Vascular Acc.

3 days

DUE TO with cardio-resp.

ANTECEDENT CAUSES

(B) Failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-28, 1951, to 6-30, 1951, that I last saw the deceased alive on 6-30, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur H. Hogg

M. D.

23B. ADDRESS

Univ. Hosp. of Balt.

23C. DATE SIGNED

6-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

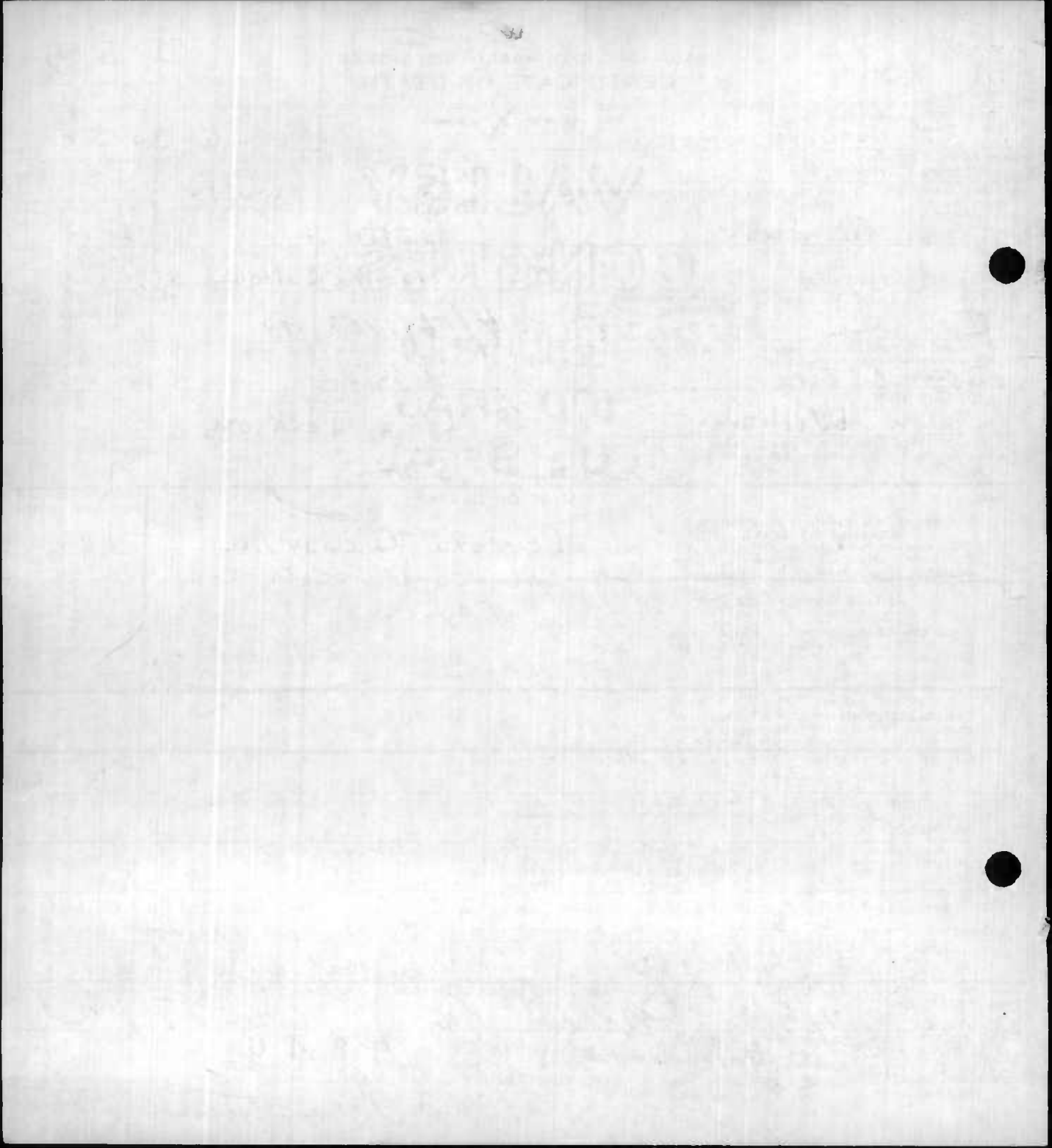
VS 150

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MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5857**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ESTHER GROSS		2. DATE OF DEATH July 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1018 E. Lombard St.		E. LENGTH OF STAY IN BALTIMORE 3-02	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 74
9. AGE (In years last birthday) 74		10. MONTHS 74	11. HOURS 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Not known		14. MOTHER'S MAIDEN NAME Not known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Louis Gross		ADDRESS Same	

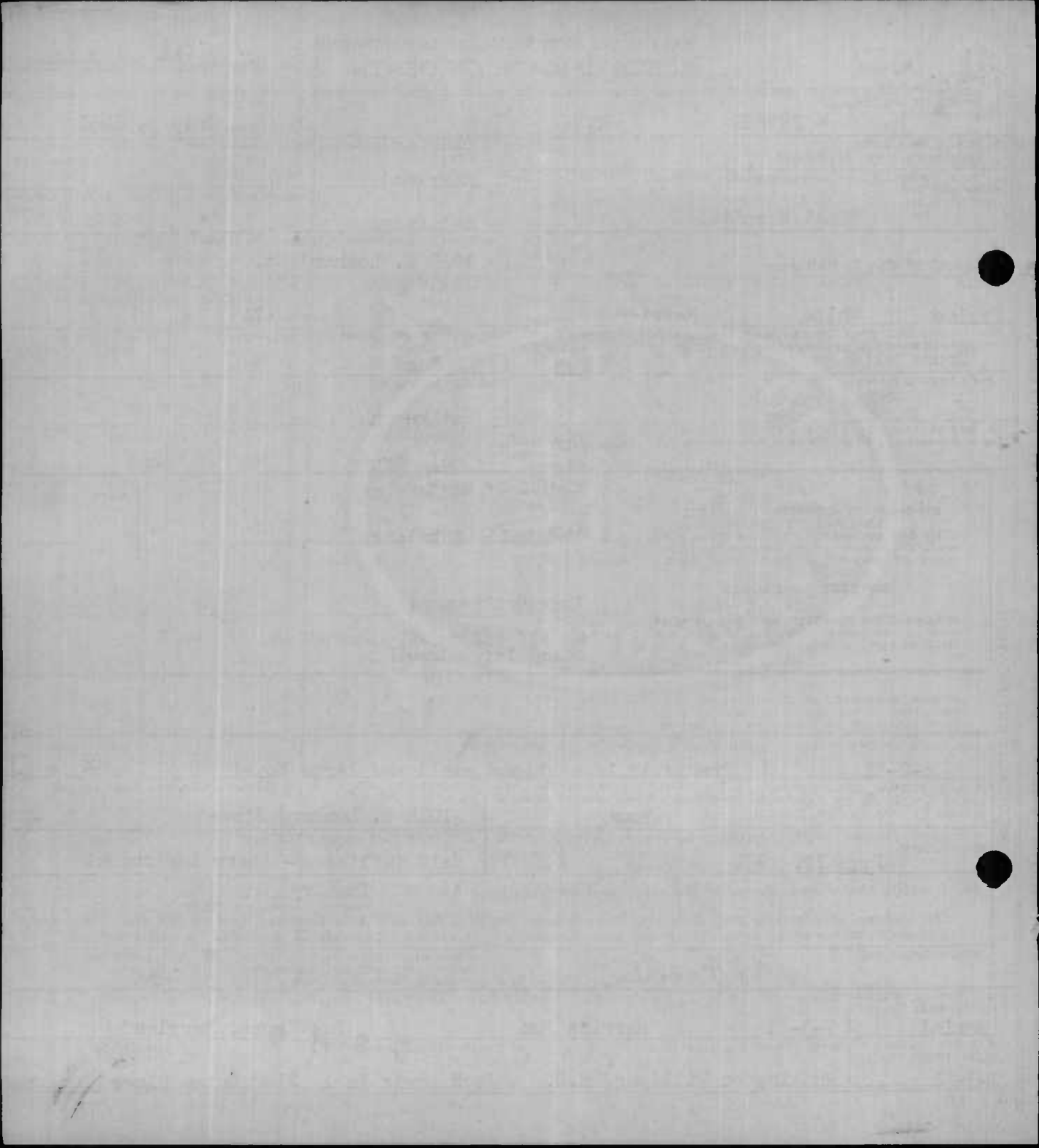
18. E979x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Metabolic imbalance DUE TO (B) Bronchopneumonia DUE TO self inflicted lacerations of small and large bowel (C) and large bowel		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6-2-51		19B. MAJOR FINDINGS OF OPERATION Traumatic lacerations small and large bowel		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1018 E. Lombard Street		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 21, 1951 m.	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Self inflicted - sharp instrument		

22. I certify that I took charge of the remains described above, held an **Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE **R. Fisher** M.D. 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED **7-3-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7-3-51	24C. NAME OF CEMETERY OR CREMATORY Herring Run	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR 7-3-51	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Jack Lewis Inc. 2100 Eutaw Place	



325
51 5858BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5858
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Mrs. Irene M. Goetzman		July 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		A. STATE Maryland B. COUNTY	
C. Length of stay in Baltimore 10 years		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-07	
D. STREET ADDRESS (If rural, give location) 4025 Falls Road		D. STREET ADDRESS (If rural, give location) 4025 Falls Road	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 18, 1883
9. AGE (In years last birthday) 68		10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Rector		14. MOTHER'S MAIDEN NAME Dollie Boynton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Vern J. Goetzman		ADDRESS 4025 Falls Road	

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Hypertensive C.V.D. DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 7-2-51 ?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-18, 1951, to 7-2, 1951, that I last saw the deceased alive on 7-1, 1951, and that death occurred at 6 P.M., from the causes and on the date stated above.

23A. SIGNATURE Lawrence J. Plummer	23B. ADDRESS 3711 Falls Rd	23C. DATE SIGNED 7-3-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE July 5, 1951	24C. NAME OF CEMETERY OR CREMATORY Green Mount	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
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DATE RECEIVED BY LOCAL REGISTRAR JUL 3 1951	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Burgee Funeral Home	ADDRESS 3631 Falls Road
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Horace F. Burgee

937

BOARD

GOVERNORS

VALLEY

626
51 5859BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5859

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

517 Mosher St.

C. Length of stay in Baltimore

34 yrs.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

13. FATHER'S NAME

William Mulvey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

6-10-1891

9. AGE (In years last birthday)

59

11. Under 1 Year

Months: Days

12. Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

S. Carolina

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Emma Chapman

17. INFORMANT

Mrs. Nellie Frazier 517 Mosher St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Heart Failure

8 Mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Ess Hypertension

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 8, 1951, to June 29, 1951, that I last saw the deceased alive on June 29, 1951, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

New McDonald

23B. ADDRESS

844 N. Carey St. Balt. Md.

23C. DATE SIGNED

7/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7-3-1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county) (State)

Balt. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUL 3 1951

25. FUNERAL DIRECTOR

1632 E. Pratt St. Baltimore

220

51 5860

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5860

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lukasz Lusachik</i>			2. DATE OF DEATH <i>July 2 - 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1739 E PRATT ST</i>			C. CITY OR TOWN (If outside corporate limits, give township) <i>Baltimore</i>		
5. Length of stay in Baltimore <i>50 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>1739 E Pratt St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>? 1885</i>		9. AGE (In years last birthday) <i>66</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>STEVEDORE</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>WATER FRONT</i>	11. BIRTHPLACE (State or foreign country) <i>Lith.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Louis Lusachik</i>			14. MOTHER'S MAIDEN NAME <i>P</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>6</i>	17. INFORMANT <i>Lenise Gurdzinski</i>		
			ADDRESS <i>1739 E Pratt</i>		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Hypertensive Heart Disease</i> DUE TO (B) <i>Hypertension</i> DUE TO (C) <i>Rheumatic Endocarditis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>Years</i> <i>years</i> <i>years</i>
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19A. DATE OF OPERATION <i>July 5 - 1951</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 1*, 1951, to *July 2*, 1951, that I last saw the deceased alive on *July 2*, 1951, and that death occurred at *11 Am.*, from the causes and on the date stated above.

23A. SIGNATURE <i>S Mendelis</i>	23B. ADDRESS <i>651 N Bentalon</i>	23C. DATE SIGNED <i>7/3/51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 5 - 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	24D. LOCATION (City, town, or county) (State) <i>Belair Rd</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>Jul 3 1951</i>	REGISTRAR'S SIGNATURE <i>Wilmington Williams</i>	25. FUNERAL DIRECTOR <i>Joseph Kadenzki</i>	ADDRESS <i>430 Homelaw</i>

1007 12

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

U. S. S. S.
BOND
CONGRESS
VALLEY

320

51 5861

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5861

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY FELIX DEUTSCH

2. DATE
OF
DEATH

July 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Colorado

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

US Marine Hospital

Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Denver

D. STREET ADDRESS (If rural, give location)

2640 Magnolia Street

Length of stay in Baltimore

33 days

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/6/08

9. AGE (In years
last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Kansas

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Tasso O. Felix

14. MOTHER'S MAIDEN NAME

Neva Trusdale

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Records- US Marine Hospital, Balto, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myosarcoma in psoas muscle, right,
with intestinal adhesions; mal-
nutrition (diarrhea)

15 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5/15/51

19B. MAJOR FINDINGS OF OPERATION

Tumor in right psoas muscle

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 30, 1951, to July 2, 1951, that I last saw the
deceased alive on July 2, 1951, and that death occurred at 5:07 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

M. D.

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

7/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

7/3/51

24C. NAME OF CEMETERY OR CREMATORY

Bethesda, Md.

24D. LOCATION (City, town, or county)

Bethesda, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Robert E. O'Connell, Bethesda, Md.

JUL 3 1951

55E Md.

MEDICAL CERTIFICATION

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5862**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH ROHRS

2. DATE OF DEATH **7-3-51**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY **Baltimore**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, 6

D. STREET ADDRESS (If rural, give location)
7905 Philadelphia Road

Length of stay in Baltimore **life**

5. SEX **Female** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Sept. 9, 1886** 9. AGE (In years last birthday) **64** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework** 10B. KIND OF BUSINESS OR INDUSTRY **Own home.**

11. BIRTHPLACE (State or foreign country) **Baltimore** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME
Bernard McErlain

14. MOTHER'S MAIDEN NAME
Anna Cook

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **No** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
None

17. INFORMANT ADDRESS
Frederick Rohrs-7905 Philadelphia Rd.

18. **420.1** CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Coronary occlusion**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Secondary Pulmonary Embolism.**
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-27-51**, 19 **51**, to **7-3-**, 19 **51**, that I last saw the deceased alive on **7-3-**, 19 **51**, and that death occurred at **5:45a** m., from the causes and on the date stated above.

23A. SIGNATURE **Joseph Kieja** M. D.

23B. ADDRESS **1400 N. Caroline St. - 13**

23C. DATE SIGNED **7-3-51**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE **7/6/51**

24C. NAME OF CEMETERY OR CREMATORY **Baltimore National**

24D. LOCATION (City, town, or county) (State) **Baltimore, Md.**

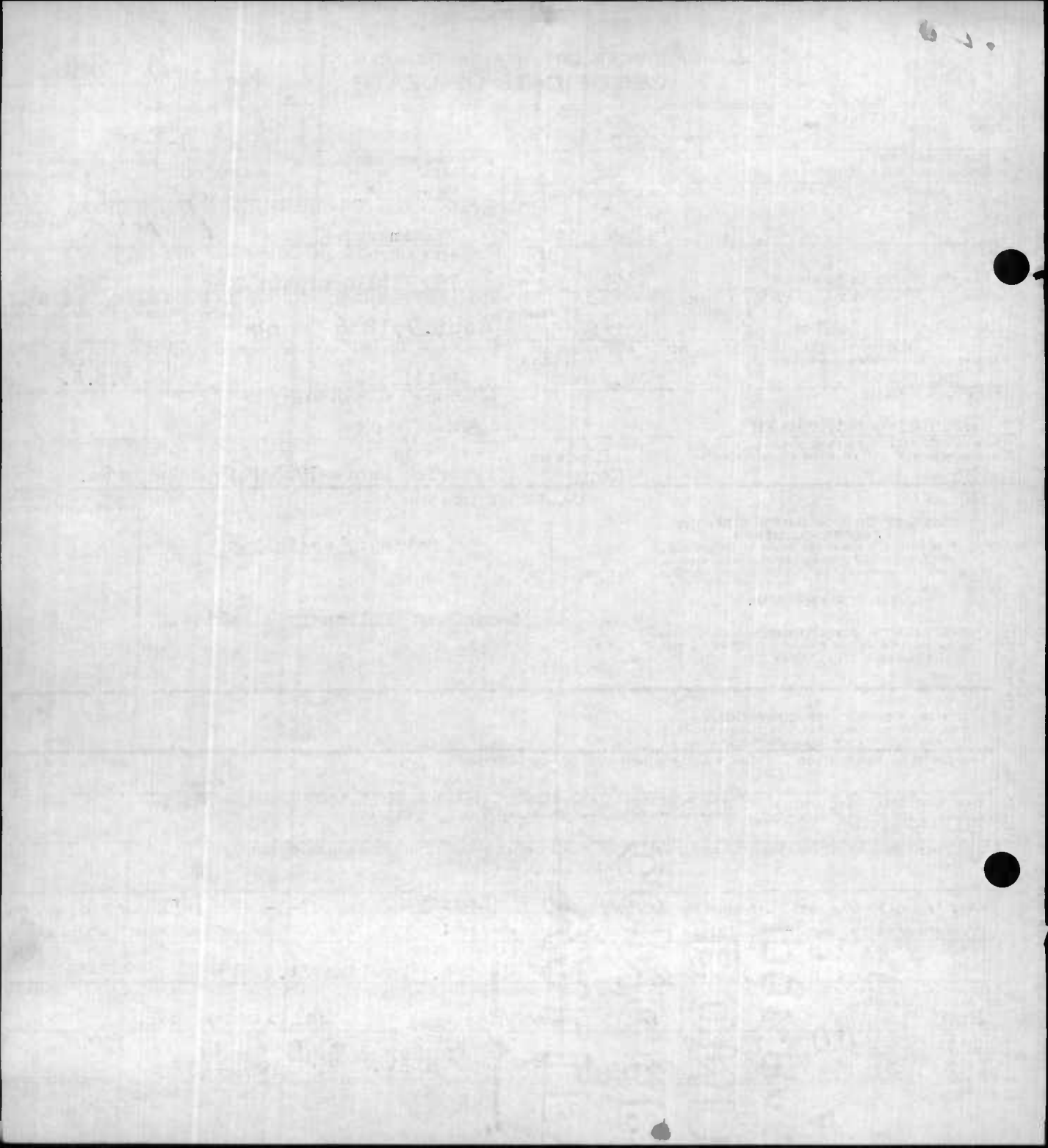
DATE RECEIVED BY LOCAL REGISTRAR **JUL 3 1951**

REGISTRAR'S SIGNATURE **William Williams**

25. FUNERAL DIRECTOR

H. Sander & Sons, Inc. 1 North Av. & Broadway-13

ADDRESS



2133
5863BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5863

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *George Husted*2. DATE OF DEATH *July 2, 1951*3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE *Md.* B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
*Baltimore**Maryland General Hospital*D. STREET ADDRESS (If rural, give location)
3708 Rexmere Rd. #18

C. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 9, 1880

9. AGE (In years; last birthday)

*71*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

GARAGE

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Henry Husted

14. MOTHER'S MAIDEN NAME

Eliss Knobel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

*No*16. SOCIAL SECURITY NO.
None

17. INFORMANT

ADDRESS

*Miss Anna M. Husted 3708 Rexmere Rd.*18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive & Arteriosclerotic Cardio Vascular Disease with coronary insufficiency.

INTERVAL BETWEEN ONSET AND DEATH

6 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/19/51*, 1951, to *7/2/51*, 1951, that I last saw the deceased alive on *7/2/51*, 1951, and that death occurred at *3 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Robert C. Veum, Jr.

23B. ADDRESS

Wingfield Glen. Hup.

23C. DATE SIGNED

7/2/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/5/51

24C. NAME OF CEMETERY OR CREMATORY

Oaklawn Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

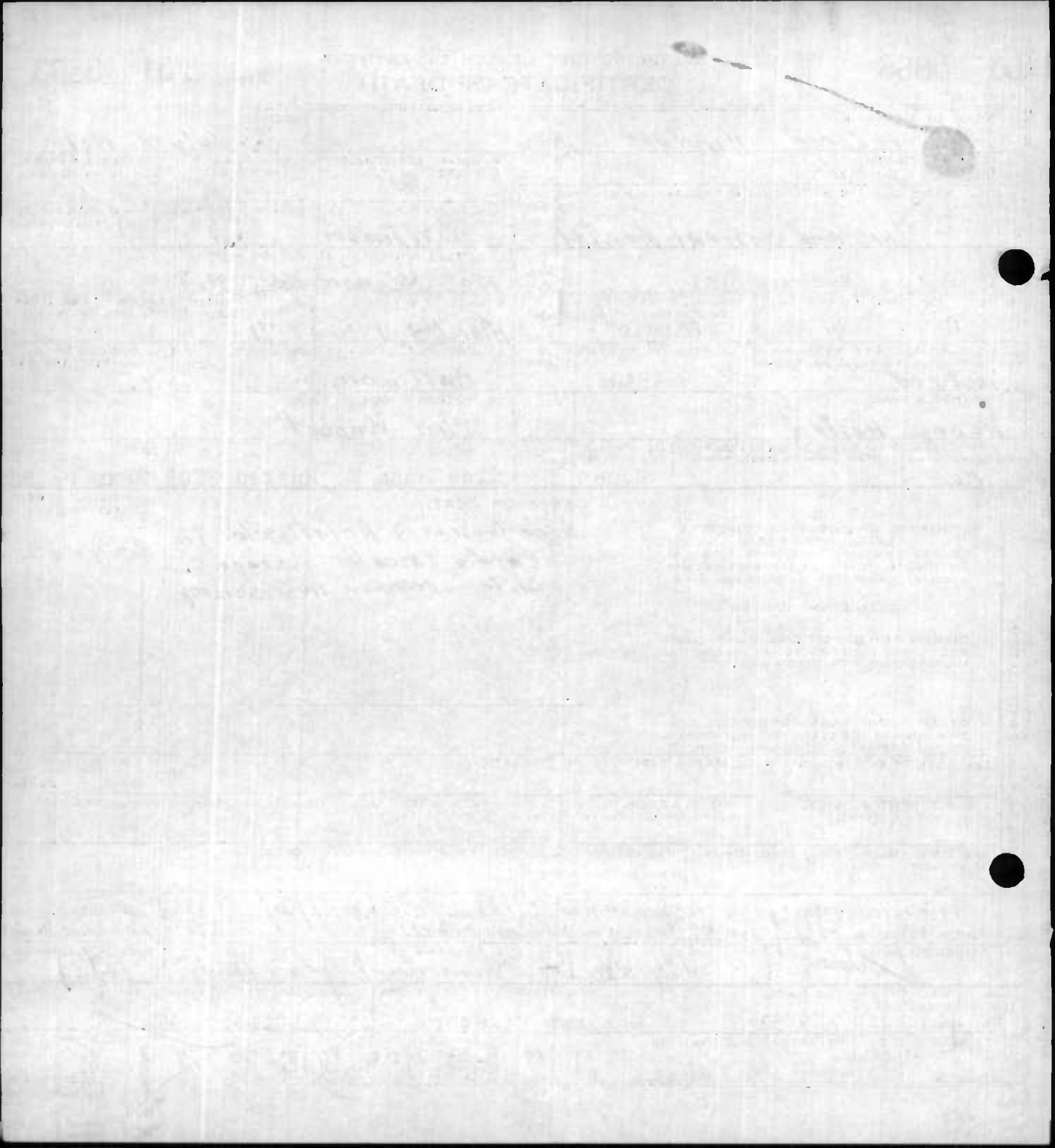
ADDRESS

*JUL 3 1951**Wingfield Glen. Hup.**H. Sander & Sons, Inc**North & Broadway*

VS 150

97083

937



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5864
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Josephine Marcellino		2. DATE OF DEATH 6-30-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital of Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 23-03	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1748 S. CHARLES ST.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-3-28
9. AGE (In years last birthday) 22		10. CITIZEN OF WHAT COUNTRY? 22	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Dept store	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? Maryland	
13. FATHER'S NAME Joseph.		14. MOTHER'S MAIDEN NAME FRANCES RUSSO	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Family		ADDRESS SAME	

18. 153X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH Carcinoma of colon
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) _____ DUE TO _____
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(B) Generalized Carcinomatosis DUE TO _____
	(C) Melanoma, Dehydration, Intestinal Obstruction

19A. DATE OF OPERATION 6-5-51	19B. MAJOR FINDINGS OF OPERATION Drainage abd. Abscess - Bridgely Carcinoma	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-26-51**, 19__, to **6-30-51**, 19__, that I last saw the deceased alive on **6-30-51**, 19__, and that death occurred at **110 P m.**, from the causes and on the date stated above.

23A. SIGNATURE Harold L. Daly Jr.	M. D. Lutheran Hosp. of Md.	23C. DATE SIGNED 6-30-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) B.	24B. DATE 7-4-51	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) BALTO.
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DATE RECEIVED BY LOCAL REGISTRAR JUL 3 1951	REGISTRAR'S SIGNATURE William Williams	25. FUNERAL DIRECTOR James L. Casey - 1306 Fairview	ADDRESS _____
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CERTIFICATE OF DEATH

14 3

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

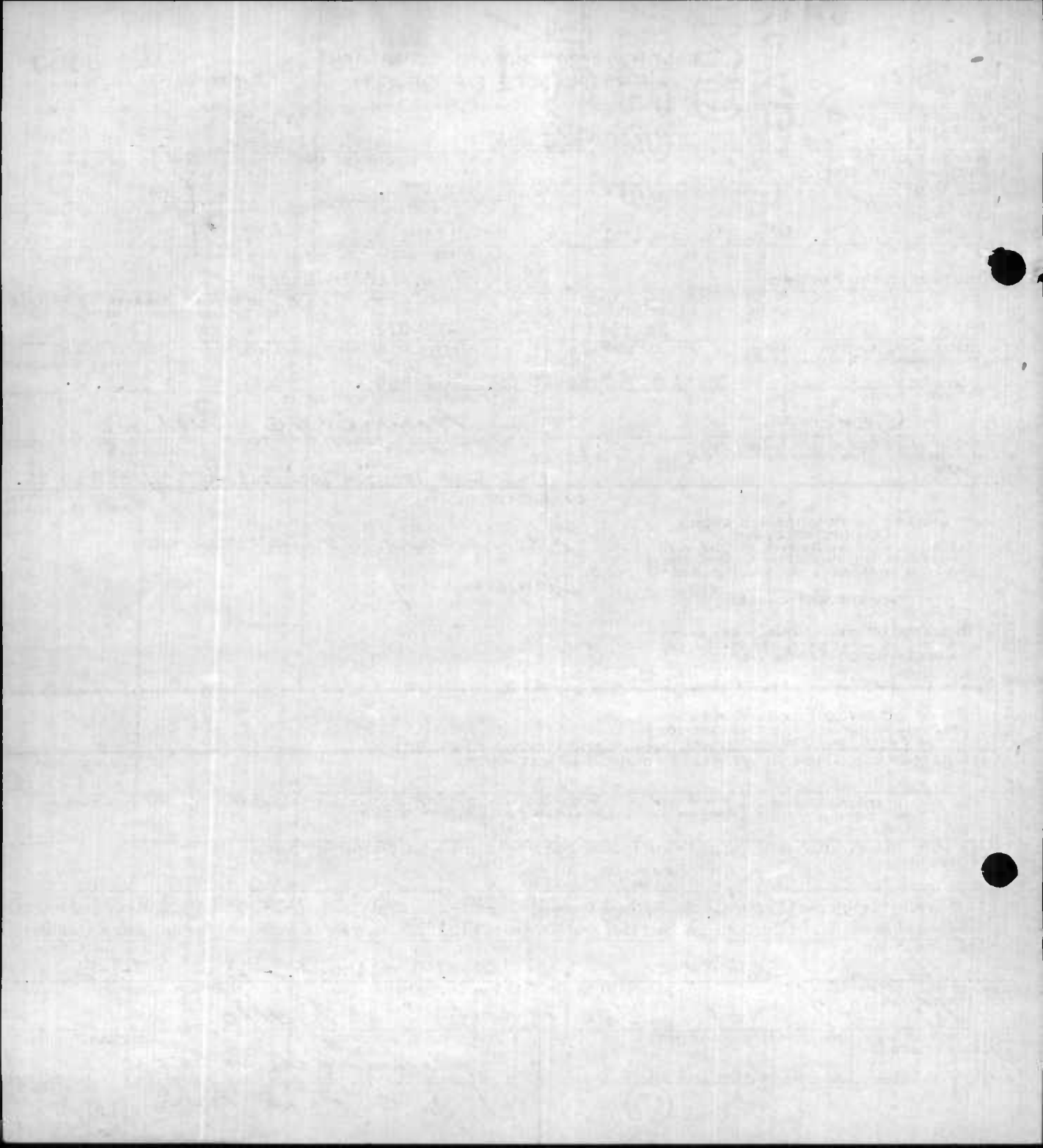
51 5865
Registered No. _____

532
51 5865
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) GEORGE STERLING ZENDGRAF		2. DATE OF DEATH 7-1-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,	
D. STREET ADDRESS (If rural, give location) 600 E. Biddle Street - 2		Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-13-07
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10B. KIND OF BUSINESS OR INDUSTRY Baltimore Transit Co.	9. AGE (in years last birthday) 44 yrs
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George		14. MOTHER'S MAIDEN NAME Annabelle Cushing	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Lena Frances Zendgraf		ADDRESS -600 E. Biddle St.	

18. 155X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Adenocarcinoma - liver DUE TO primary		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7-1-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-29- 19 51 to 7-1- 19 51 , that I last saw the deceased alive on 7-1- 19 51 , and that death occurred at 5:45a m., from the causes and on the date stated above.					
23A. SIGNATURE G. A. Cleece		23B. ADDRESS 1400 N. Caroline St. - 13		23C. DATE SIGNED 7-1-51	
24A. BURIAL CREMATION, REMOVAL (Specify) B.		24B. DATE 7-5-51		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) (State) Balto.		DATE RECEIVED BY LOCAL REGISTRAR JUL 3 1951			
REGISTRAR'S SIGNATURE William S. ...		25. FUNERAL DIRECTOR Jaques ...		ADDRESS 130 E. FORT AVE	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5866**

162
BIRTH NO. **51 5866**

1. NAME OF DECEASED (Type or Print) Frances Jeffries			2. DATE OF DEATH July 1, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) A. STATE Maryland B. COUNTY 26-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION 37 Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 3719 Foster Ave			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 31, 1892		9. AGE (In years last birthday) 5-8
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Fredrick Nassner			14. MOTHER'S MAIDEN NAME Bernadine Dahm ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Clarence Jeffries (husband) same		

18. 416X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cardio-Respiratory Failure		INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rheumatic Heart Disease		30+ yrs.
DUE TO		
(C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION June 29 1951		19B. MAJOR FINDINGS OF OPERATION Cholecystitis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 27, 1951**, to **July 1, 1951**, that I last saw the deceased alive on **July 1, 1951**, and that death occurred at **2:15 A.M.**, from the causes and on the date stated above.

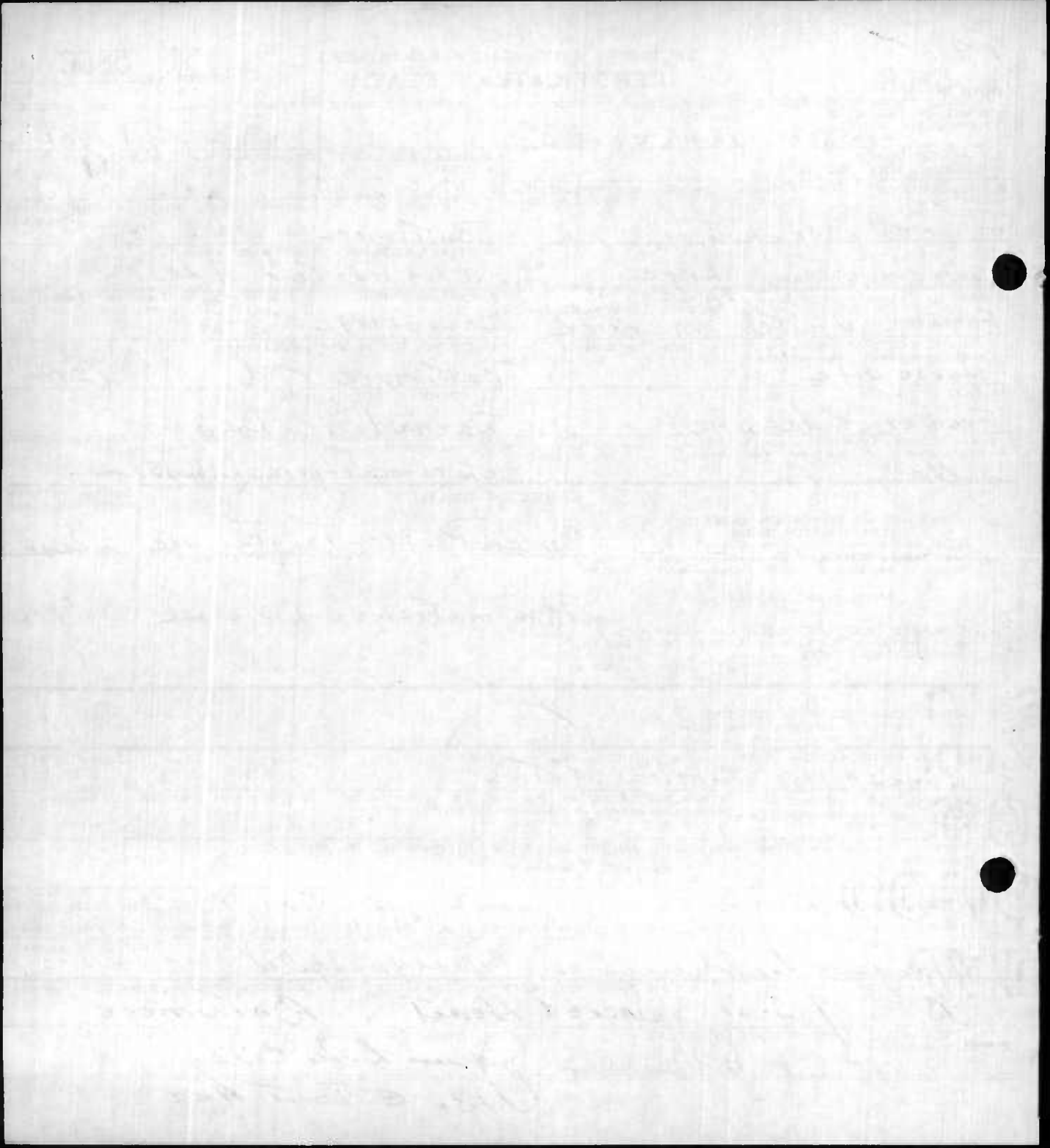
23A. SIGNATURE Margaret Lee Sheppard M. D.		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 7-1-51	
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24A. BURIAL, CREMATION, REMOVAL (Specify) B.		24B. DATE 7.5.51		24C. NAME OF CEMETERY OR CREMATORY SACRED HEART		24D. LOCATION (City, town, or county) (State) Baltimore	
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DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE William Williams		FUNERAL DIRECTOR'S ADDRESS James L. Kelly	
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July 3 1951
VS 150
130 E. Font Ave
127a

Physicians, please write the causes of death clearly and legibly.



262
51 5867BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5867
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Michael Koczorowski</i>		2. DATE OF DEATH <i>July 2 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>304 S. Durham St</i>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore 2-02</i>	
Length of stay in Baltimore <i>55 years</i>		D. STREET ADDRESS (If rural, give location) <i>304 S. Durham street</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 24 1879</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired GOLDER</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>FOUNDRY</i>	9. AGE (In years last birthday) <i>71</i>
13. FATHER'S NAME <i>Tabrian Koczorowski</i>		11. BIRTHPLACE (State or foreign country) <i>Poland</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>Poland</i>	
16. SOCIAL SECURITY NO. <i>—</i>		14. MOTHER'S MAIDEN NAME <i>Magdalena ?</i>	
17. INFORMANT <i>Catherine Koczorowski</i>		ADDRESS <i>304 S. Durham St</i>	

18. <i>334X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Apoplexy</i> DUE TO <i>Cerebral atherosclerosis (Stroke)</i>	CAUSE OF DEATH <i>304 S. Durham St</i>	INTERVAL BETWEEN ONSET AND DEATH <i>3 wks</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>—</i> (C) <i>—</i>		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Arteriosclerosis of Coronary Arteries

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION <i>—</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>—</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>—</i>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>—</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>—</i>

22. I hereby certify that I attended the deceased from *June 11 1951*, to *July 2 1951*, that I last saw the deceased alive on *July 2 1951*, and that death occurred at *9:45 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Wm. J. Temple</i>	23B. ADDRESS <i>Room 5, Ball Bldg.</i>	23C. DATE SIGNED <i>7/3/51</i>
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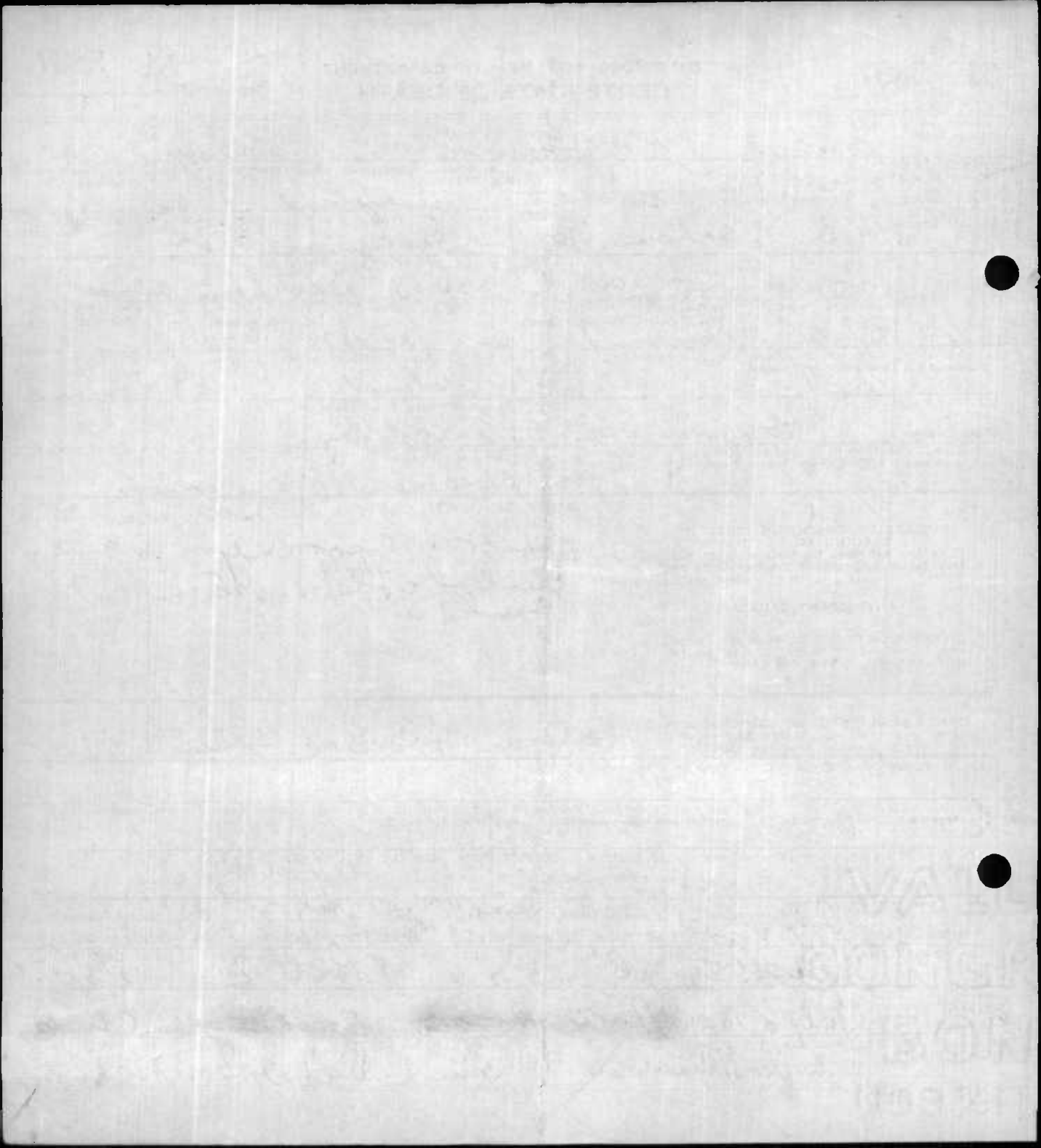
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 5 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore County</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>—</i>	REGISTRAR'S SIGNATURE <i>William H. Williams</i>	25. FUNERAL DIRECTOR <i>John H. Weber</i>	ADDRESS <i>401 S. Chester</i>

JUL 3 1951

56138

95c

27



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5868

BIRTH NO. 51 5868

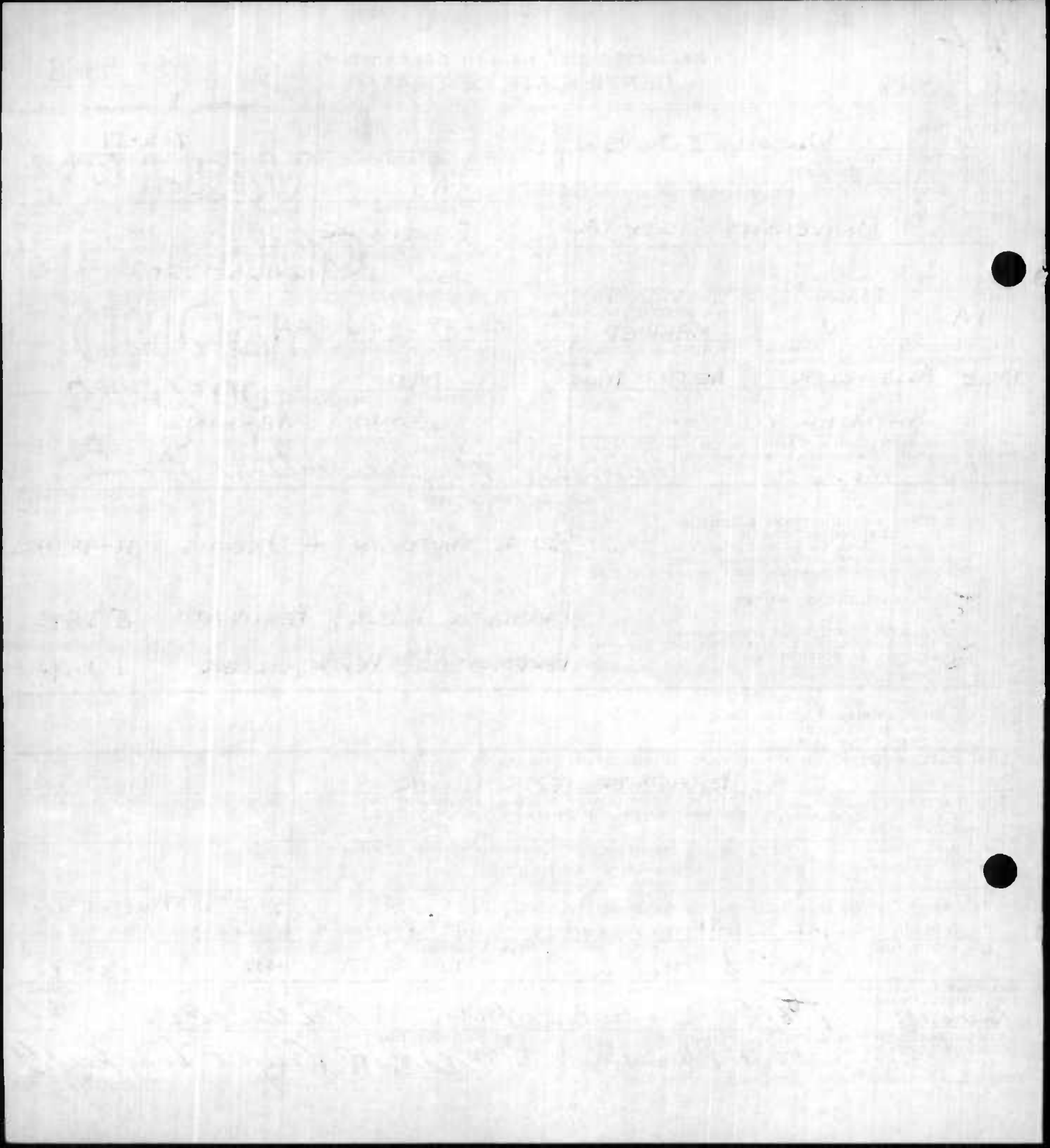
1. NAME OF DECEASED (Type or Print) WILSON, OLIVER			2. DATE OF DEATH 7-2-51		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 20-03		
b. FULL NAME OF HOSPITAL OR INSTITUTION 38 UNIVERSITY HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 630 S. MONROE ST		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Oct 29, 1906	9. AGE (In years last birthday) AA	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TABLE ASSEMBLER		10b. KIND OF BUSINESS OR INDUSTRY AETNA MNG	11. BIRTHPLACE (State or foreign country) MD		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME RAYMOND Wilson (Surname only)			14. MOTHER'S MAIDEN NAME LEONA MARKINS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No No.		16. SOCIAL SECURITY NO. 218-09-3428	17. INFORMANT ADDRESS Mrs. Hilda Wilson Same		
18. 540.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) RENAL SHUTDOWN + UREMIA DUE TO (B) PARALYTIC ILEUS, PERITONITIS DUE TO (C) PERFORATED PEPTIC ULCER					INTERVAL BETWEEN ONSET AND DEATH 36-48 HRS 5 DAYS 7 DAYS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 7-1-51		19b. MAJOR FINDINGS OF OPERATION PERFORATED PEPTIC ULCER			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-1, 1951 to 7-2, 1951 that I last saw the deceased alive on 7-2, 1951 and that death occurred at 11:55 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE Robert S. Mosen M. D.		23b. ADDRESS UNIVERSITY HOSP.		23c. DATE SIGNED 7-3-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/5/51	24c. NAME OF CEMETERY OR CREMATORY Landon Park	24d. LOCATION (City, town, or county) (State) Frederick Ave Md		
DATE RECEIVED BY LOCAL REGISTRAR JUL 3 1951		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS Medley W. Blythe 6009 Harbor Rd	

VS 150

69033

117a

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5869

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EDNA GATSEY

2. DATE
OF
DEATH

7-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE *Maryland* B. COUNTY *Baltimore*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore Rural

D. STREET ADDRESS (If rural, give location)

1735 Dmuskai Road

5300

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Oct 19, 1908

9. AGE (In years, last birthday)

42

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Steward Gasey

14. MOTHER'S MAIDEN NAME

Hellie Chandler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Martha Brown

ADDRESS

Same

18. *771X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Metastatic Carcinoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Carcinoma of cervix.

3 yrs.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-26*, 19*51*, to *7-3*, 19*51*, that I last saw the deceased alive on *7-2*, 19*51*, and that death occurred at *1 A* m., from the causes and on the date stated above.

23A. SIGNATURE

Warren H. Clohary, Jr. M. D.

23B. ADDRESS

Maryland Genl. Hosp.

23C. DATE SIGNED

7-3-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/5/51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county) (State)

Eastern Ave Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Melba B. Bright, 6009 Hazlet Rd

JUL 3 1951

VS 150

48a

correct age is especially important. Physicians: please write the CAUSE OF DEATH clearly and legibly.

2022

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CHICAGO, ILLINOIS 60607-7073

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250
51 5870
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5870
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Dixon, Miss Annie Bell</i>		2. DATE OF DEATH <i>July 2 - 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>9-08</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home For Incurables - 700 W. 40th St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1902 Homewood Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Dec 4, 1865</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>	9. AGE (In years last birthday) <i>85</i>
13. FATHER'S NAME <i>Thomas Dixon</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore - Maryland</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO. <i>—</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Measell</i>	
17. INFORMANT <i>Laura E. Fischer</i>		ADDRESS <i>P.O. Box 700 W. 40th St</i>	

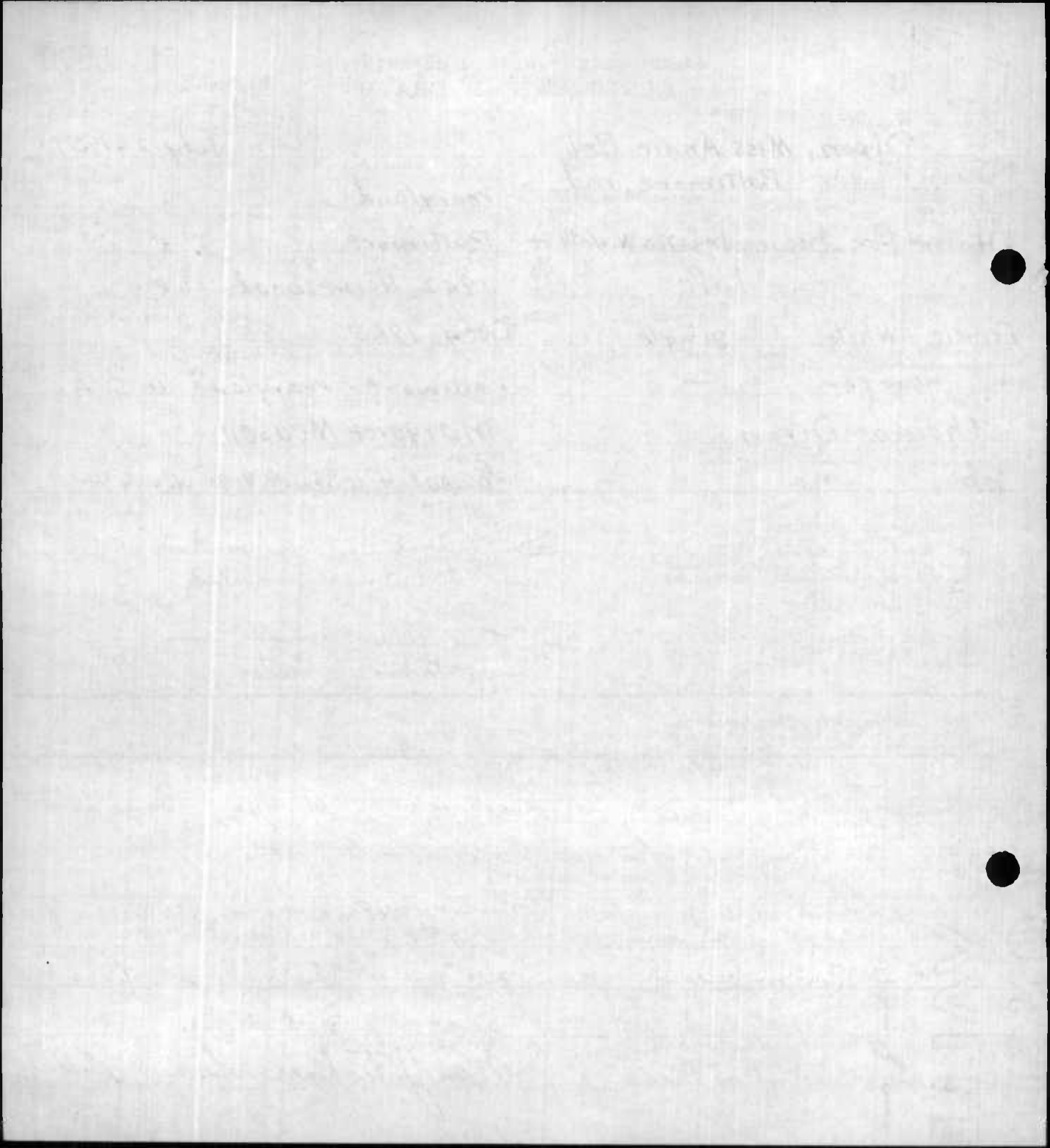
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Vascular Accident</i>	CAUSE OF DEATH (A) <i>Cerebral Vascular Accident</i> DUE TO <i>Cerebral Vascular Accident</i> (B) <i>Hypertensive Cardio Vascular Disease</i> DUE TO <i>Hypertensive Cardio Vascular Disease</i> (C) <i>Hypertrophic Arthritis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>5 Days</i> <i>3 years</i> <i>5 years</i> <i>7 years</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>—</i>	19B. MAJOR FINDINGS OF OPERATION <i>—</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>—</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>—</i>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>—</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>—</i>

22. I hereby certify that I attended the deceased from *October 22, 1948* to *July 2, 1951*, that I last saw the deceased alive on *July 2, 1951*, and that death occurred at *9:05 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>W. Griffin Hensperger</i>	23B. ADDRESS <i>214 Medical Arts Building</i>	23C. DATE SIGNED <i>7/2/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7/5/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park Cemetery</i>
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		(State) <i>Md.</i>

DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 3 1951</i>	REGISTRAR'S SIGNATURE <i>Carleton Williams, Jr.</i>	25. FUNERAL DIRECTOR <i>Wm J. Tickner & Sons</i>	ADDRESS <i>744 Ave</i>
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5871
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Sewell Smith

2. DATE
OF DEATH 7/3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secour Hospital

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

X Widowed

8. DATE OF BIRTH

4/9/84

9. AGE (in years
last birthday)

67

11 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Maryland

A. A. Co.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Smith Howell Smith

14. MOTHER'S MAIDEN NAME

Lila ?

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Mr. Edgar F. Smith 3325 Kenyon Ave.

18. 443 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Hypertensive Cardiovascular Disease

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Kidney Cholic

Lithias of Ureter

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ ND ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1951, to July 2, 1951, that I last saw the
deceased alive on July 2, 1951, and that death occurred at 12:45 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/6/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

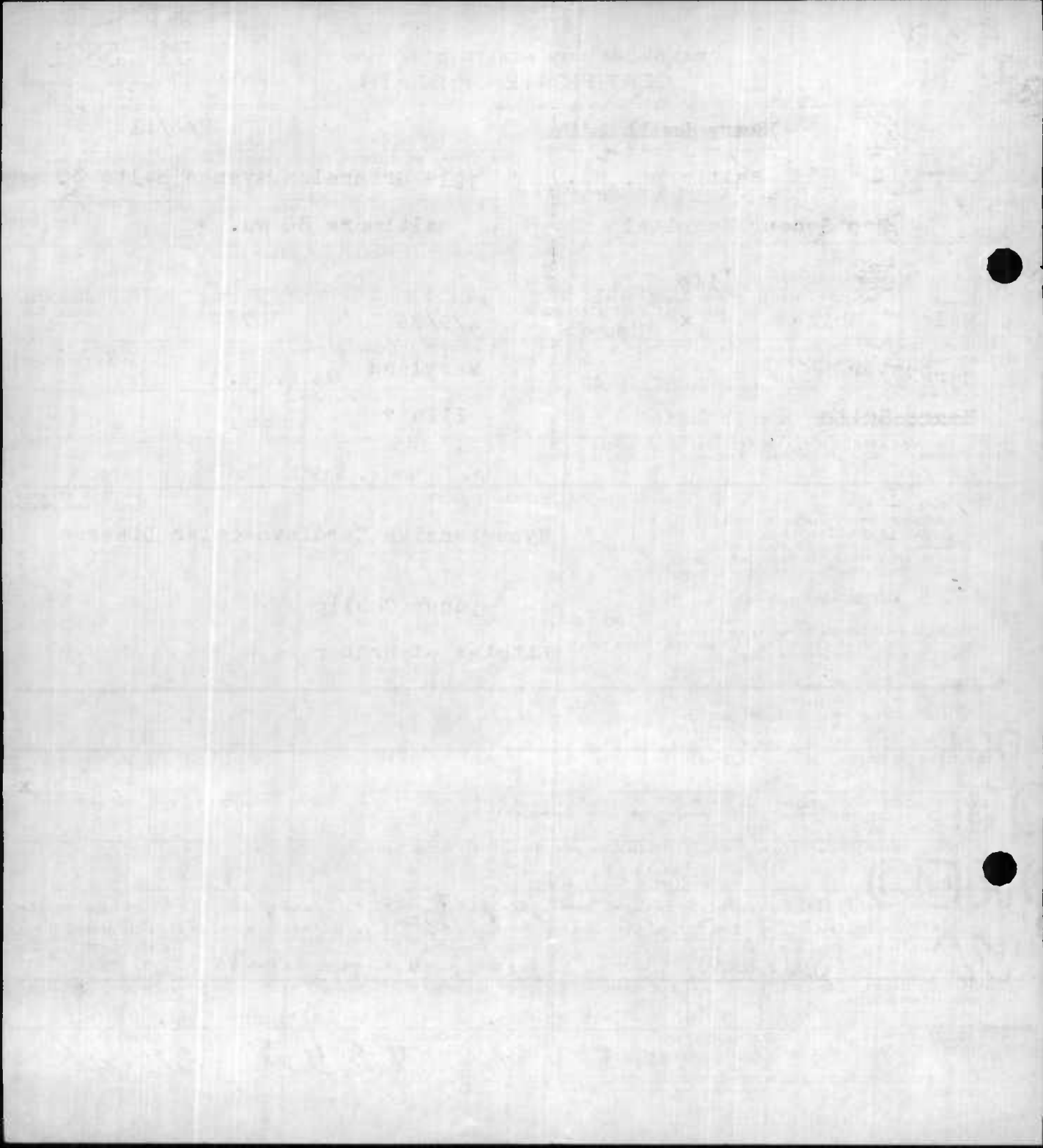
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5872**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA Antonia Sieling

2. DATE OF DEATH

July 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

**Pinecrest Sanatorium
600 S. Chapelgate Lane**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **MARYLAND**

B. COUNTY

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

600 S. Chapelgate Lane

Length of stay in Baltimore

45

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

July 11, 1867

9. AGE (in years last birthday)

83

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nursing, Registered

10B. KIND OF BUSINESS OR INDUSTRY

Nursing Home

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Sieling

14. MOTHER'S MAIDEN NAME

ANNA W. BORMANN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Mr. Hammond P. Dorsey

ADDRESS

602 S. Chapelgate Lane

18. **420.0 and 215X**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

CHRONIC MYOCARDITIS AND MYOCARDIAL DEGENERATION

INTERVAL BETWEEN ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Arteriosclerotic Heart Disease

DUE TO

Generalized Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Senility Benign Tumor of Uterus, cause

1936

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

underexamined

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **December 1, 1950**, to **July 1, 1951**, that I last saw the deceased alive on **June 30, 1951**, and that death occurred at **6:05 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

M. D.

23B. ADDRESS

2030 W. Fayette Street

23C. DATE SIGNED

7/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/4/51

24C. NAME OF CEMETERY OR CREMATORY

Christ Church Cem. Guilford Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

July 3, 1951

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Easton Sons Catonsville

ADDRESS

937 Md.

MEDICAL CERTIFICATION

JUL 3 1951

VS 150

140
151 5873BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5873
Registered No.

BIRTH NO.

WYSHAM

1. NAME OF DECEASED
(Type or Print)

WYSHAM, SHIPLEY

2. DATE
OF
DEATH

7-1-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

ST. Agnes Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore

C. CITY OR TOWN

Baltimore - Catonsville

D. STREET ADDRESS (If rural, give location)

21. Poplar Ave. 5300

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 8, 1878

9. AGE (In years
last birth day)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House painter retired

10B. KIND OF BUSINESS OR
INDUSTRY

retired

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John T. Shipley

14. MOTHER'S MAIDEN NAME

Eliza E. Shipley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-18-3136

17. INFORMANT

Mrs. Arthur Bell

ADDRESS

Pikesville 8

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/16, 1951, to 7/1, 1951, that I last saw the
deceased alive on 6/30, 1951, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John C. Tracy

23B. ADDRESS

St. Leonard Road

23C. DATE SIGNED

7/4/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/4/51

24C. NAME OF CEMETERY OR CREMATORY

St. Johns Cem. Ellicott City, Md

24D. LOCATION (City, town, or county)

Catonsville

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUL 3 1951

25. FUNERAL DIRECTOR

Earl A. Jones

ADDRESS

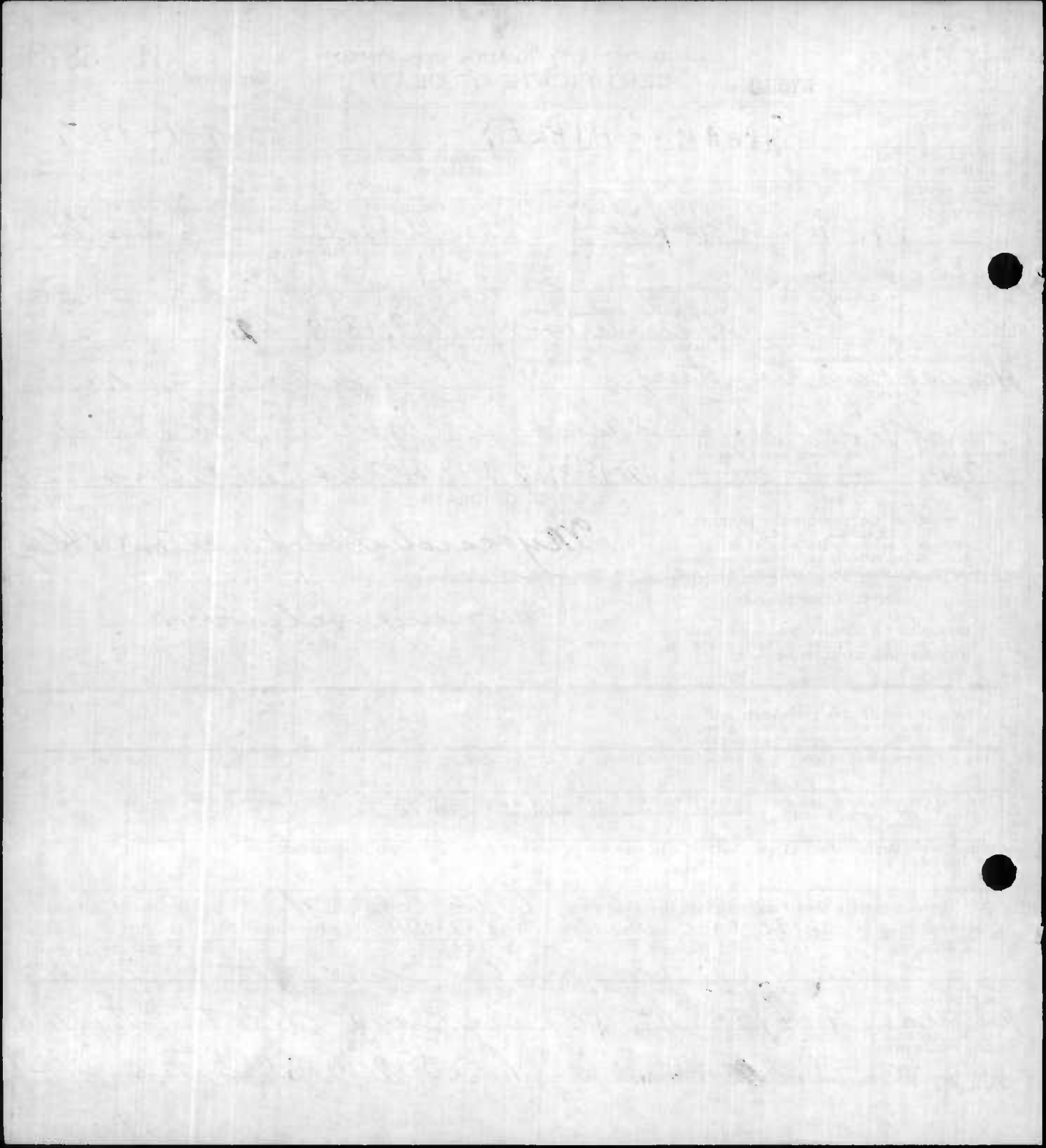
Catonsville

VS 150

56424

94a Md.

MEDICAL CERTIFICATION



51 5874

51 5874

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Ellen Callery</i>		2. DATE OF DEATH <i>July 1, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1200 Valley St.</i>		4. USUAL RESIDENCE (Where deceased lived, if in institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>		C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township) <i>10-01</i>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>1200 Valley St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>August 18, 1864</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>87</i> If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <i>Harford Co. Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Patrick Callery</i>		14. MOTHER'S MAIDEN NAME <i>Kathryn Hurly</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Little Sisters of the Poor</i>		ADDRESS <i>1200 Valley St.</i>	

18. <i>420.1</i> DISEASE OR CONDICTION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Acute Coronary Disease</i> DUE TO (B) <i>Arterio Sclerosis</i> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> <i>5 yrs</i>
II OTHER SIGNIFICANT CONDICTIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDICTION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *Feb 1*, 19*51*, to *June 30*, 19*51*; that I last saw the deceased alive on *June 27*, 19*51*, and that death occurred at *7-30 A* m., from the causes and on the date stated above.

23A. SIGNATURE <i>E. Gill Hall MD</i>	23B. ADDRESS <i>1631 E North Ave</i>	23C. DATE SIGNED <i>June 30-51</i>
--	---	---------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 3, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>
OATE RECEIVED BY LOCAL REGISTRAR <i>JUL 3 1951</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Rita Wredefeld</i>	ADDRESS <i>900 E. Biddle St</i>

VALLEY

CONCRETE

RECORD

652
51 5875BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5875

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BRAMSON, CARL

2. DATE
OF
DEATHJuly 2, 1951
Aug 3, 1901

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

42 SINAI HOSP

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug 3, 1901

9. AGE (in years
last birthday)

49

If Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Robert L. Bransom

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

?

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

Sister Mrs. Walter Rogers
Hanging Rock W. Va.

ADDRESS

18. 002X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Empyema - Osteomyelitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Tuberculosis, Pulmonary

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1951, to 7/2, 1951, that I last saw the
deceased alive on 7/2, 1951, and that death occurred at 9A m., from the causes and on the date stated above.

23A. SIGNATURE

Robert L. Bransom

M. O.

23B. ADDRESS

Sinai Hosp

23C. DATE SIGNED

7/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

July 6

24C. NAME OF CEMETERY OR CREMATORY

Augusta W. Va

24D. LOCATION (City, town, or county)

Augusta West Va.

DATE RECEIVED BY
LOCAL REGISTRAR

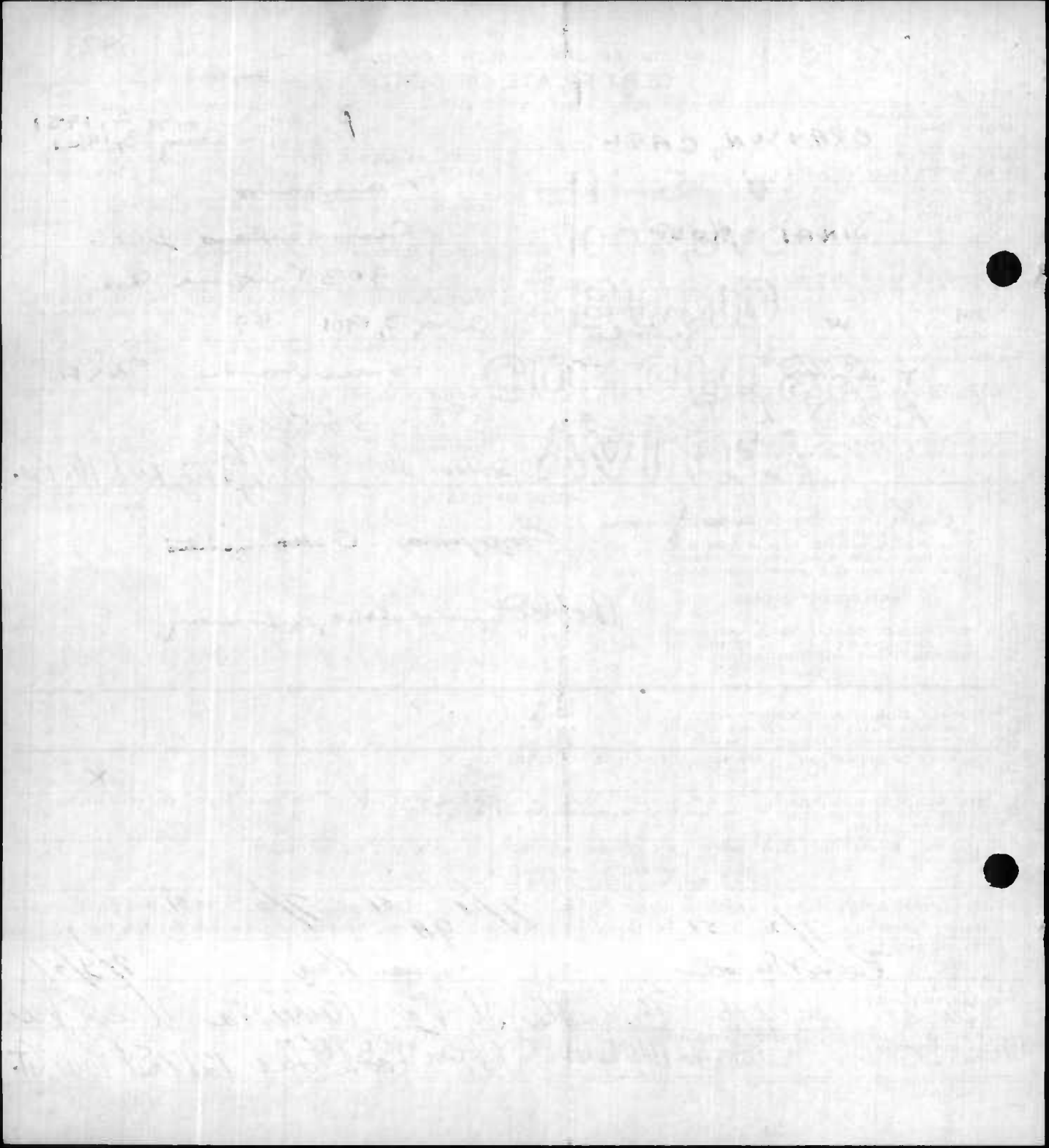
REGISTRAR'S SIGNATURE

Wm. C. Lee

25. FUNERAL DIRECTOR

ADDRESS

Wm. C. Lee 1217 St Paul St.



51 5876

51 5876

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anna Krawczyk		2. DATE OF DEATH 7-2-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1114 S. Streeper Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md. 1-01	
D. STREET ADDRESS (If rural, give location) 1114 Streeper Street		E. LENGTH OF STAY IN BALTIMORE 48yrs. Days	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH / ? ? 94
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Housewife	9. AGE (in years last birthday) 56
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Stanislaus Sieracki		14. MOTHER'S MAIDEN NAME Mary ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Norman Krawczyk		ADDRESS 9623 Dixon Ave, Balto 14	

18. 175X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastatic Malignancy of Brain DUE TO Cystadenoma of Ovary DUE TO ?		INTERVAL BETWEEN ONSET AND DEATH 2 Mo.
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION June, 1951	19B. MAJOR FINDINGS OF OPERATION Malignancy left cerebrum	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 2**, 19**51** to **July 2**, 19**51**, that I last saw the deceased alive on **July 2**, 19**51**, and that death occurred at **1.10 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE Norman W. Zeiler	23B. ADDRESS 3023 Eastern Ave.	23C. DATE SIGNED 8/3/51
---	--	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7-5-51	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	24D. LOCATION (City, town, or county) (State) Baltimore,
DATE RECEIVED BY LOCAL REGISTRAR JUL 3 1951		REGISTRAR'S SIGNATURE William H. Williams	25. FUNERAL DIRECTOR Lilly & Zeiler , 403 S. Wolfe Street

526 51 5877

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5877

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

HENNIGER

2. DATE
OF
DEATH

July 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

410 N. Belnord Avenue

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2-4-86

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Calvert Metal

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward Henninger

Brushy (n)

14. MOTHER'S MAIDEN NAME

Jennie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lawrence Henninger-120 N. Montford Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary arteriosclerosis with occlusion

DUE TO

(C)

I!
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
July 3, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7-6-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

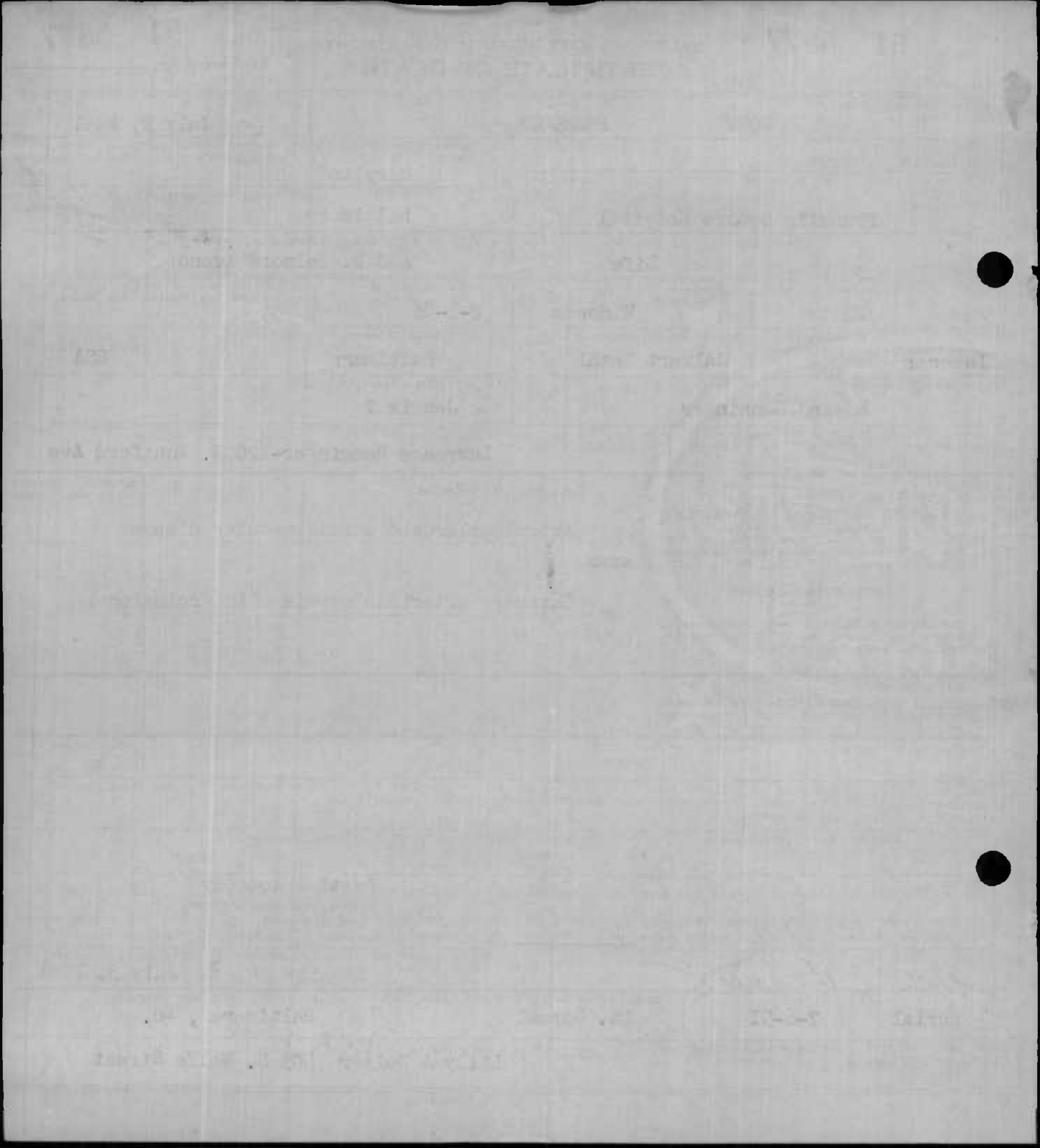
Lilly & Zeiler 403 S. Wolfe Street

VS 151

97032

925 ✓

MEDICAL CERTIFICATION



200
51 5878
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5878
Registered No.

1. NAME OF DECEASED (Type or Print) CECILIA CECH		2. DATE OF DEATH 7-1-1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence) A. STATE MD. B. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 529 N. HIGHLAND AVE		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
length of stay in Baltimore 68 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 529 N. HIGHLAND AVE	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-6-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 68
13. FATHER'S NAME FRANK BUMBA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
11. BIRTHPLACE (State or foreign country) BALTIMORE MD		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
14. MOTHER'S MAIDEN NAME ANNIE SAFAR		17. INFORMANT JOSEPH CECH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOSEPH CECH		ADDRESS 529 N. HIGHLAND AVE	

18. 490x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Tuber pneumonia DUE TO Chronic ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardiac dilatation (B) Cardiac dilatation (C)	INTERVAL BETWEEN ONSET AND DEATH 1 day 7 days 10 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 24, 1951 to July 1, 1951 , that I last saw the deceased alive on June 24, 1951 , and that death occurred at 11 P m., from the causes and on the date stated above.					
23a. SIGNATURE Adelbert J. Sikorsky		23b. ADDRESS 2939 Mc Cleary St		23c. DATE SIGNED 7/1/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-4-51		24c. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	
24d. LOCATION (City, town, or county) BALTO. MD		24e. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER		24f. LOCATION (City, town, or county) BALTO. MD	
24g. DATE RECEIVED BY LOCAL REGISTRAR JUL 3 1951		24h. REGISTRAR'S SIGNATURE Frank C. Vach		24i. FUNERAL DIRECTOR'S ADDRESS FRANK CVACH & SON 900 N. CHESTER AVE	

CECILIA L. COLE

249 W. KENTLAND AVE

EDWARD WHITE, MARRIED

1025 WHITE

FRANK SUMNER

ALVIN S. BAKER

141 TOWNE AVE

259 W. KENTLAND AVE

BALTIMORE

[Faint, illegible handwritten text, possibly a signature or address, spanning the middle section of the page.]

DEPT. OF AGRICULTURE, BUREAU OF PLANT INDUSTRY

WASHINGTON, D. C.

51069
5879

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5879

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Adam Francis Noe

2. DATE
OF
DEATH

July 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE New York

B. COUNTY V-29

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Long Island

D. STREET ADDRESS (If rural, give location)

7850 78th St. Glendale

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 27, 1896

9. AGE (in years last birthday)

54

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Accountant

10B. KIND OF BUSINESS OR INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

Brooklyn, N. Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Philip Noe

14. MOTHER'S MAIDEN NAME

Phyllis Reppa

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS
Arthur Bowersock 510
156 Franklin St N.Y.

18. 42011

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Myocardial infarction
coronary arteriosclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6/29/51 to 7/3/51, that I last saw the deceased alive on 7/3/51, 1951 and that death occurred at 4:25 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

1400 N. Caroline Street

7/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

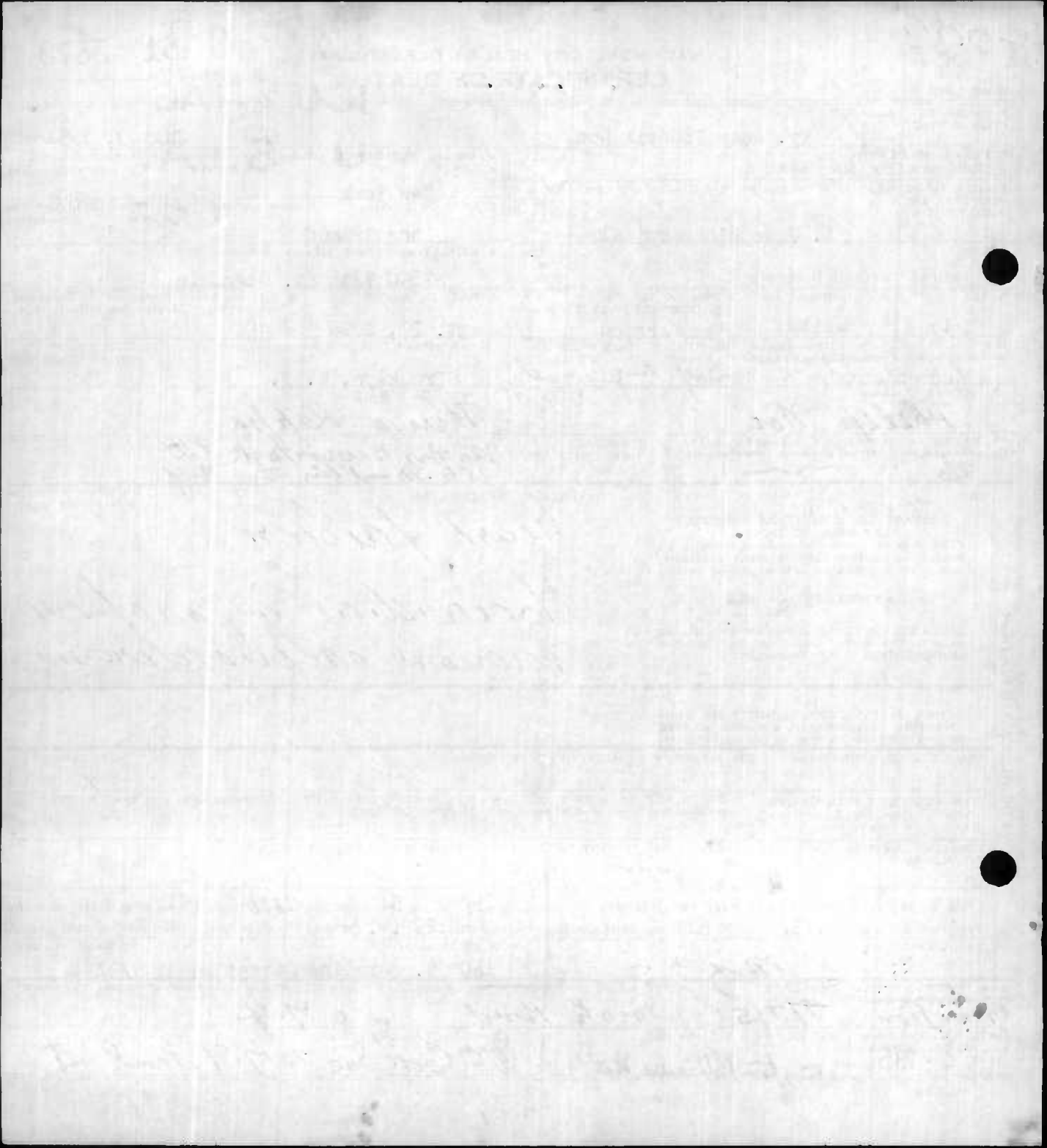
25. FUNERAL DIRECTOR

ADDRESS

JUL 4 - 1951

William Williams

Brook Inc 127 St. Paul St



632

1 5880

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5880

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Israel Zetzkoff (Zetzkoff)</u>		2. DATE OF DEATH <u>7/31/51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE - Where deceased lived. If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 15-47</u>			
c. Length of stay in Baltimore <u>38</u> Yrs. <u>38</u> Mos. <u>38</u> Days		D. STREET ADDRESS (If rural, give location) <u>2729 Swyns Falls Parkway</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH	9. AGE (In years last birthday) <u>74</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Conf. Store</u>		11. BIRTHPLACE (State or foreign country) <u>Russia</u>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>Harry</u>		14. MOTHER'S MAIDEN NAME <u>Brunner</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or no known) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Anna Zetzkoff</u> ADDRESS <u>Same</u>	
18. <u>156.2</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinomatous, liver</u> DUE TO <u>primary site not known</u> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Metastatic Heart Disease</u>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks (over)</u>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 29, 1951</u> , to <u>July 3, 1951</u> , that I last saw the deceased alive on <u>July 3, 1951</u> , and that death occurred at <u>3:30 P.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>M.H. Edwards</u>		23B. ADDRESS <u>Lutheran Hosp. Md.</u>		23C. DATE SIGNED <u>7/31/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>7-4-51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Rosedale</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltic Md</u>		24E. FUNERAL DIRECTOR <u>Jack Lewis</u>		24F. ADDRESS <u>2100 Canton St</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUL 4-1951</u>		REGISTRAR'S SIGNATURE <u>William H. Williams</u>		24G. ADDRESS <u>2100 Canton St</u>	

See Document File 51-5880

8/8/51

ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5881**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MORRIS Arenberg

2. DATE
OF
DEATH

July 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hosp. of Maryland, Inc.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-12

D. STREET ADDRESS (If rural, give location)

2921 Violet Ave. 15

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 5, 1904

9. AGE (In years last birthday)

46

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Estimator Printers Finishing Co

10B. KIND OF BUSINESS OR INDUSTRY

INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Harry Arenberg

BOOKBINDER

14. MOTHER'S MAIDEN NAME

Lena Itzcovitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Dorothy Arenberg 2921 Violet Ave

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive C.V.D.**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cerebral Hemorrhage**

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from **July 1**, 1951, to **July 4**, 1951, that I last saw the deceased alive on **July 4**, 1951, and that death occurred at **6:22 Am.**, from the causes and on the date stated above.

23A. SIGNATURE

Indira K. Tait

23B. ADDRESS

M. D. Lutheran Hosp

23C. DATE SIGNED

July 4, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

July 4, 1951

24C. NAME OF CEMETERY OR CREMATORY

Sharrei Tfiloh Cemetery

24D. LOCATION (City, town, or county) (State)

Windsor Mill Road

DATE RECEIVED BY LOCAL REGISTRAR

JUL 4 - 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol Lewinstein & Sons North ave

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

410

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5882

Registered No.

51 5882
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William H. Wolfe-Jr.</i>			2. DATE OF DEATH <i>July 1, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, give institution; if residence, give address.) A. STATE <i>MARYLAND</i> B. COUNTY <i>10-02</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>27-N-BENTON ST</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore City</i>		
c. Length of stay in Baltimore <i>1 yr. 10 mos. 10 days</i>			D. STREET ADDRESS (If rural, give location) <i>27-N-BENTON ST</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>6/13/1913</i>		9. AGE (In years last birthday) <i>38</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Butcher-Manager</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>A-P-Store</i>		11. BIRTH PLACE (State or foreign country) <i>Baltimore-Md.</i>
13. FATHER'S NAME <i>William H. Wolfe</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>814-05-1331</i>		14. MOTHER'S MAIDEN NAME <i>Silvia Garner</i>
17. INFORMANT <i>Other M. Wolfe - same</i>			ADDRESS		

18. *181X* I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Cancer of the Bladder
(A) DUE TO
INTERVAL BETWEEN ONSET AND DEATH
11 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C) DUE TO

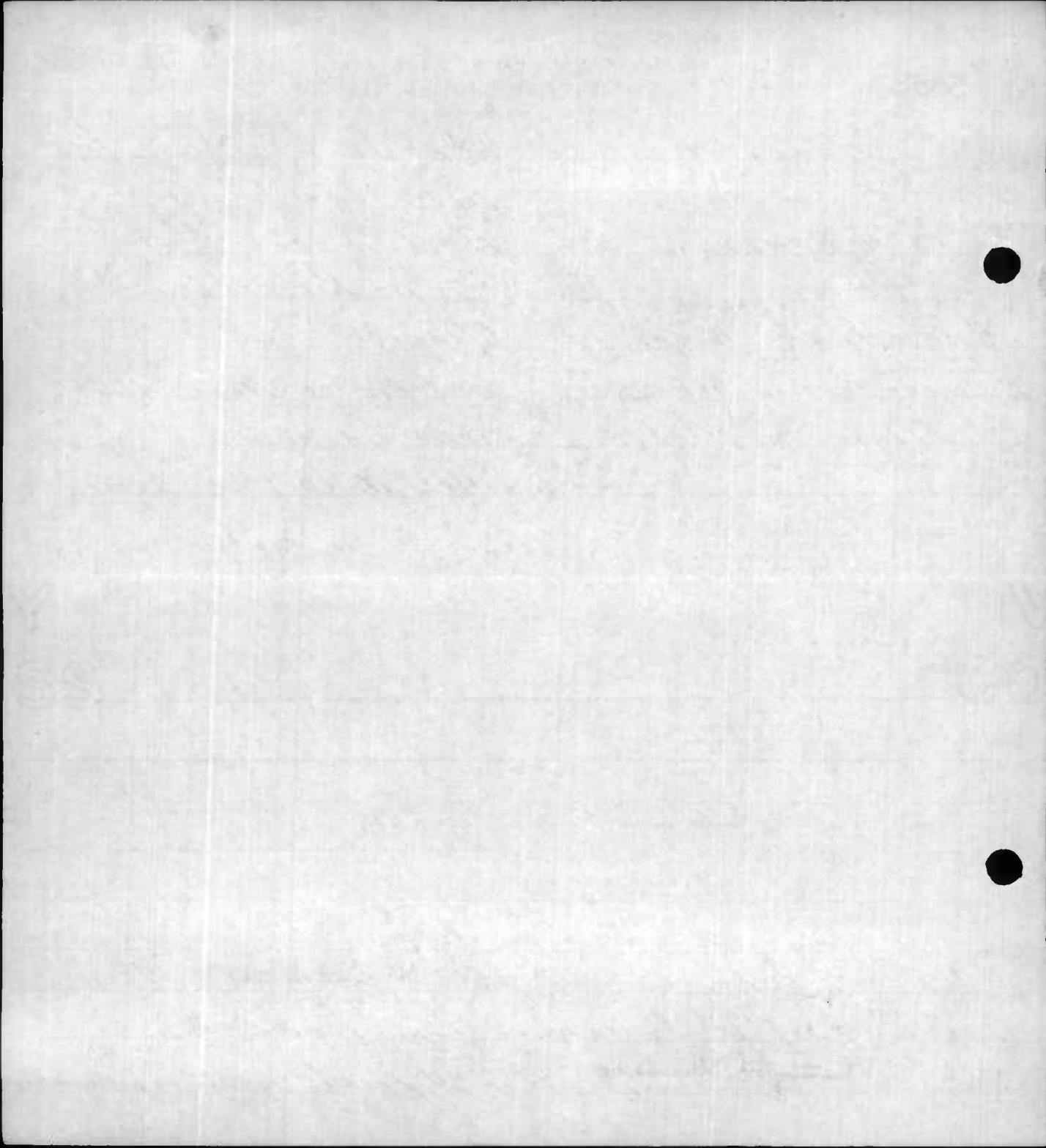
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Feb. 14*, 1950, to *July 1*, 1951, that I last saw the deceased alive on *July 1*, 1951, and that death occurred at *8:25 pm.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Elder E. Rudman</i>	M. D.	23B. ADDRESS <i>2517 W. Balto. St.</i>	23C. DATE SIGNED <i>7/3/51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 4/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cem. Bldg. 7 Md.</i>	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 4-1951</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, Md</i>	25. FUNERAL DIRECTOR <i>W. B. Wipart</i>
		ADDRESS <i>Don - 1200 Cutaw Pl</i>	



620
51 5883BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5883
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harris, Susie V

2. DATE
OF
DEATH

7/2/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

The Union Memorial Hospital

c. Length of stay in Baltimore

87 Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland B. COUNTY Baltimore City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md 27-09

D. STREET ADDRESS (If rural, give location)

1836 Northgate Road

5. SEX

F.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Jan. 3, 1864

9. AGE (in years
last birthday)

87

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Theodore McCaffrey

14. MOTHER'S MAIDEN NAME

Not known Mary Downer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. P. T. Odenwald 3145 Abell Av. Baltimore

18. 550.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Acute appendicitis

June 16, 51

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Old age

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6/16/51

19B. MAJOR FINDINGS OF OPERATION

Acute gangrenous appendix

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1951, to July 2, 1951, that I last saw the
deceased alive on July 2, 1951, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Paul S. Carr

23B. ADDRESS

330 Calvert St

23C. DATE SIGNED

July 3, 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/5/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 4 - 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1820 W. Meade Ave. Box 805 W. Calvert St.

450
51 5884BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5884

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Maryaret Whelan*2. DATE
OF
DEATH *July 3, 1951*3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE *Maryland* B. COUNTY *Balt.*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION *Maryland Gen. Hosp.*C. CITY OR TOWN (If outside corporate limits, write R.U.R.A. and give township)
*Balt.*C. Length of stay in Baltimore *67*Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
*2307 E North Ave.*5. SEX
*F.*6. COLOR OR RACE
*wh.*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
*Wid.*8. DATE OF BIRTH
*Dec. 23, 1870*9. AGE (In years
last birthday) *80*11 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
*Housewife*10B. KIND OF BUSINESS OR
INDUSTRY
*Home*11. BIRTHPLACE (State or foreign country)
*Ireland*12. CITIZEN OF
WHAT COUNTRY?
*U.S.A.*13. FATHER'S NAME
*Daniel Coghlan*14. MOTHER'S MAIDEN NAME
*Ellen Deegan*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
*No*16. SOCIAL
SECURITY NO.
*None*17. INFORMANT ADDRESS
*Mr. George E. Whelan 2307 E. North Ave.*18. *420.1 and 170x*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Coronary Occlusion**15 min.*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Arteriosclerosis + Hypertension*
DUE TO *Cardiovascular Disease.*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) *Schistoma Ca of rt breast*19A. DATE OF OPERATION *0*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7/3/51*, 19, to *7/3/51*, 19, that I last saw the
deceased alive on *7/3/51*, 19, and that death occurred at *2:15 P.m.*, from the causes and on the date stated above.23A. SIGNATURE
*G.E. Bryant*23B. ADDRESS
M. D. *Phd. Gen. Hosp.*23C. DATE SIGNED
*7/3/51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
*Burial*24B. DATE
*7/7/51*24C. NAME OF CEMETERY OR CREMATORY
*New Cathedral Cem.*24D. LOCATION (City, town, or county) (State)
*Baltimore, Md.*DATE RECEIVED BY
LOCAL REGISTRAR
*JUL 4 - 1951*REGISTRAR'S SIGNATURE
*Wilmington Williams*25. FUNERAL DIRECTOR
*H. SANDER & SONS, Inc.*ADDRESS
North Av. & Broadway - 15

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5885**

362
BIRTH NO. **51 5885**

1. NAME OF DECEASED (Type or Print) ALICE MELL PETERS (Alice Louise Peters)			2. DATE OF DEATH July 3, 1951.		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1536 John Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 6 days			D. STREET ADDRESS (If rural, give location) 1536 John Street		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 22, 1896	9. AGE (In years last birthday) 54	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) Savannah, Ga		
10B. KIND OF BUSINESS OR INDUSTRY Home			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME G.B. Mell			14. MOTHER'S MAIDEN NAME Florence Waite		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 259-40-8557		
17. INFORMANT W.C. Peters			ADDRESS		

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) cardio vascular renal disease DUE TO hypertension (B) general arterio DUE TO sclerosis (C)	INTERVAL BETWEEN ONSET AND DEATH 20 yrs.
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7/7/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6-29-**, 19**51** to **7-3-**, 19**51**, that I last saw the deceased alive on **7-3**, 19**51**, and that death occurred at **12:00 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE W. G. Michelson	23B. ADDRESS 2230 Ecaton Pl.	23C. DATE SIGNED 7/3/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/7/51	24C. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	24D. LOCATION (City, town, or county) (State) Savannah, Ga.
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DATE RECEIVED BY LOCAL REGISTRAR JUL 4 - 1951	REGISTRAR'S SIGNATURE W. G. Michelson	25. FUNERAL DIRECTOR H. Sander & Sons, Inc North Av. & Broadway
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SEP 24

RECEIVED

PAID TO ORDER OF

FOR DEPOSIT ONLY

NO. 1000

AMOUNT

IN WORDS

AND FIGURES

DATE

SIGNATURE

PRINTED NAME

TITLE

INSTITUTION

ADDRESS

CITY

STATE

ZIP

NO. 1000

AMOUNT

IN WORDS

AND FIGURES

DATE

SIGNATURE

PRINTED NAME

TITLE

INSTITUTION

ADDRESS

CITY

STATE

ZIP

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5886
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Hill		2. DATE OF DEATH July 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3926 Fait Ave.		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7 7 7
9. AGE (In years last birthday) 77		10. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	
11. FATHER'S NAME John Hill		12. MOTHER'S MAIDEN NAME Mary Kropa	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		14. SOCIAL SECURITY NO.	
15. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		16. ADDRESS	

CAUSE OF DEATH

18. 332X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH Over 2 Wks.
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7-5-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-16 , 19 51 , to 7-2 , 19 51 that I last saw the deceased alive on 7-2 , 19 51 and that death occurred at 1:50p m., from the causes and on the date stated above.					
23A. SIGNATURE <i>R.S. Rogers</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 7-4-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7-5-51		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 4 1951		REGISTRAR'S SIGNATURE <i>Wm. J. Williams</i>		25. FUNERAL DIRECTOR Lilly & Zeiler, Inc.		ADDRESS Lilly & Zeiler, Inc.	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5887**

252
51 5887
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN LUKENCZEK		2. DATE OF DEATH July 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. STREET ADDRESS (If rural, give location) 703 S. Bethel Street		8. DATE OF BIRTH Feb. 29 1887	
9. SEX Male		10. AGE (In years last birthday) 64	
11. COLOR OR RACE White		12. If Under 1 Year Months: Days Hours: Min.	
13. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		14. BIRTHPLACE (State or foreign country) Poland	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		16. CITIZEN OF WHAT COUNTRY?	
17. FATHER'S NAME Link		18. MOTHER'S MAIDEN NAME Link	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		20. SOCIAL SECURITY NO.	
21. INFORMANT Ed. Lukenczek		22. ADDRESS	

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. ...		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED July 3, 1951	
---	--	---	--	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 5/51		24C. NAME OF CEMETERY OR CREMATORY Holy Trinity		24D. LOCATION (City, town, or county) (State) Elkridge	
DATE RECEIVED BY LOCAL REGISTRAR JUL 4-1951		REGISTRAR'S SIGNATURE Frederick H. Ogozowski		25. FUNERAL DIRECTOR Frederick H. Ogozowski		ADDRESS	

V.S. 151
51024 1930 Eastern a 93D ✓

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5888

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick Nastvogel

2. DATE
OF
DEATH

July 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write FULL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1103 Harper Way

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 28, 1921

9. AGE (In years
last birthday)

29

If Under 1 Year If Under 24 Hours
Months Days Hours Min.

Male White married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Installation

10B. KIND OF BUSINESS OR
INDUSTRY

C&P Telephone Co

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Nastvogel

14. MOTHER'S MAIDEN NAME

Genevieve Gaffey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W.11

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS Way
Mrs. Margaret Nastvogel, 1103 Harper

18. E976 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bullet wound of head.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

1103 Harford Way

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

July 1, 1951 11:15 P.M.

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an inspection & inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Dunbar

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

July 2, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7-5-51

24C. NAME OF CEMETERY OR CREMATORY

Balto National

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 4-1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Ruck, 6306 Harford Road.

ADDRESS

VS 151

N - 853.4 5405A

164c

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5889**

300
51 5889
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Nellie E. White</i>			2. DATE OF DEATH <i>7-3-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hospital</i>			C. CITY OF TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> 11-01		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>223 E. Biddle St.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>7-20-96</i>	9. AGE (In years last birthday) <i>54</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10B. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) <i>Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Thomas? g. Puller</i>			14. MOTHER'S MAIDEN NAME <i>MATTIE?</i> ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <i>?</i>	17. INFORMANT ADDRESS <i>Husband</i> <i>same</i>		

18. <i>415X</i> CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Rheumatic cardiovascular disease</i>		<i>?</i>
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Syphilitic aortitis</i>		
DUE TO		
(C)		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>July 1, 1951</i> , to <i>July 3, 1951</i> , that I last saw the deceased alive on <i>3 July, 1951</i> , and that death occurred <i>12:51 Am.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Thompson</i>	M. D.	23B. ADDRESS <i>Lutheran Hospital</i>	23C. DATE SIGNED <i>3-July-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6-6-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oaklawn</i>	24D. LOCATION (City, town, or county) (State) <i>Bald Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR JUL 4-1951	REGISTRAR'S SIGNATURE <i>Wm. H. Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>L. J. Luck</i> ADDRESS <i>53851 Harford Rd</i>		

3583

10

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

615

51 5890
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5890

1. NAME OF DECEASED (Type or Print) LEONARD CARPENTER			2. DATE OF DEATH July 4, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland OSL-6			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY 1-05		
b. FULL NAME OF HOSPITAL OR INSTITUTION JONES HOPKINS HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 2200 EASTERN AVE		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-11-1904	9. AGE (In years, last birthday) 46	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant			10b. KIND OF BUSINESS OR INDUSTRY Candy		
13. FATHER'S NAME Artis Carpenter			14. MOTHER'S MAIDEN NAME Craig		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) not a U.S. Army			16. SOCIAL SECURITY NO.		
17. INFORMANT JONES HOPKINS HOSPITAL			ADDRESS		

18. 4-0-0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute myocardial infarction	CAUSE OF DEATH (A) Acute myocardial infarction DUE TO	INTERVAL BETWEEN ONSET AND DEATH 9 hours
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic heart disease	(B) Arteriosclerotic heart disease DUE TO	6 years
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 7-4-51	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7-3-1951**, to **7-4-1951**, that I last saw the deceased alive on **7-4-1951**, and that death occurred at **12:00 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE Camel H. Johnson M. D.	23b. ADDRESS JONES HOPKINS HOSPITAL	23c. DATE SIGNED 7/4/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-8-51	24c. NAME OF CEMETERY OR CREMATORY St Ann's
24d. LOCATION (City, town, or county) (State) Middleton, New Castle P	25. FUNERAL DIRECTOR Joseph R. Shant ADDRESS North East 937 md	
DATE RECEIVED BY LOCAL REGISTRAR JUL 5-1951		

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236
51 5891BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5891

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Astrinsky

2. DATE
OF
DEATH

July 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3108 Oakfield Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3108 Oakfield Avenue OAKfield

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1874

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Vest Contractor

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ray Astrinsky-3108 Oakfield Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma Prostate
with metastases to lung

7 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1944 to July 4, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 7 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Gaulston B. Kress

M. D.

23B. ADDRESS

Med Arts Bldg

23C. DATE SIGNED

July 4, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 5, 1951

24C. NAME OF CEMETERY OR CREMATORY

Beth Jacob (Vecair)

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Sol. Levinson - 1124-26 W. North Avenue

ADDRESS

VS 150

51B

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5892
Registered No.

242
51 5892
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CLARENCE MC LAUGHLIN			2. DATE OF DEATH July 2, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write B.U.A. and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 340 W. Preston Street			E. LENGTH OF STAY IN BALTIMORE <i>Life</i>		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Infant</i>	8. DATE OF BIRTH 3-6-1944		9. AGE (in years last birthday) 7
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) N.C.
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>Alsa Mc Kinnion</i>		
14. MOTHER'S MAIDEN NAME <i>Hassie McLaughlin</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		
16. SOCIAL SECURITY NO. <i>none</i>			17. INFORMANT " " ADDRESS <i>340 Preston St</i>		

18. 344.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hydrocephalus (A) XXXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Malnutrition (B) _____ (C) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II		

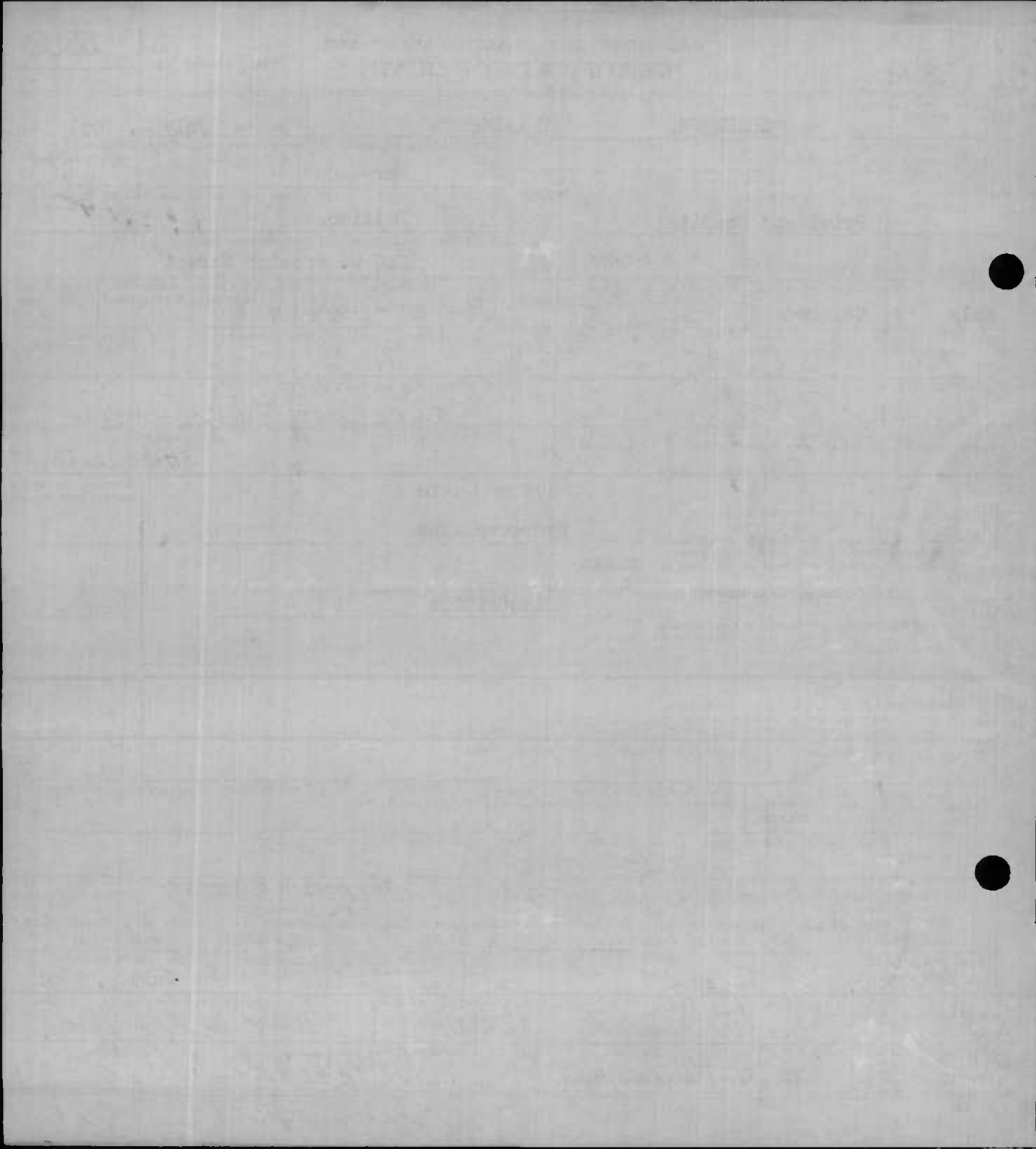
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Williams</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED July 3, 1951	
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24. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE 7/6/51	24C. NAME OF CEMETERY OR CREMATORY <i>mt. Calvary</i>	24D. LOCATION (City, town, or county) (State) <i>Cedar Hill Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR JUL 5-1951	REGISTRAR'S SIGNATURE <i>William Williams</i>	25. FUNERAL DIRECTOR <i>W. H. Halstead</i>	ADDRESS <i>157 a</i>
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5893
 Registered No.

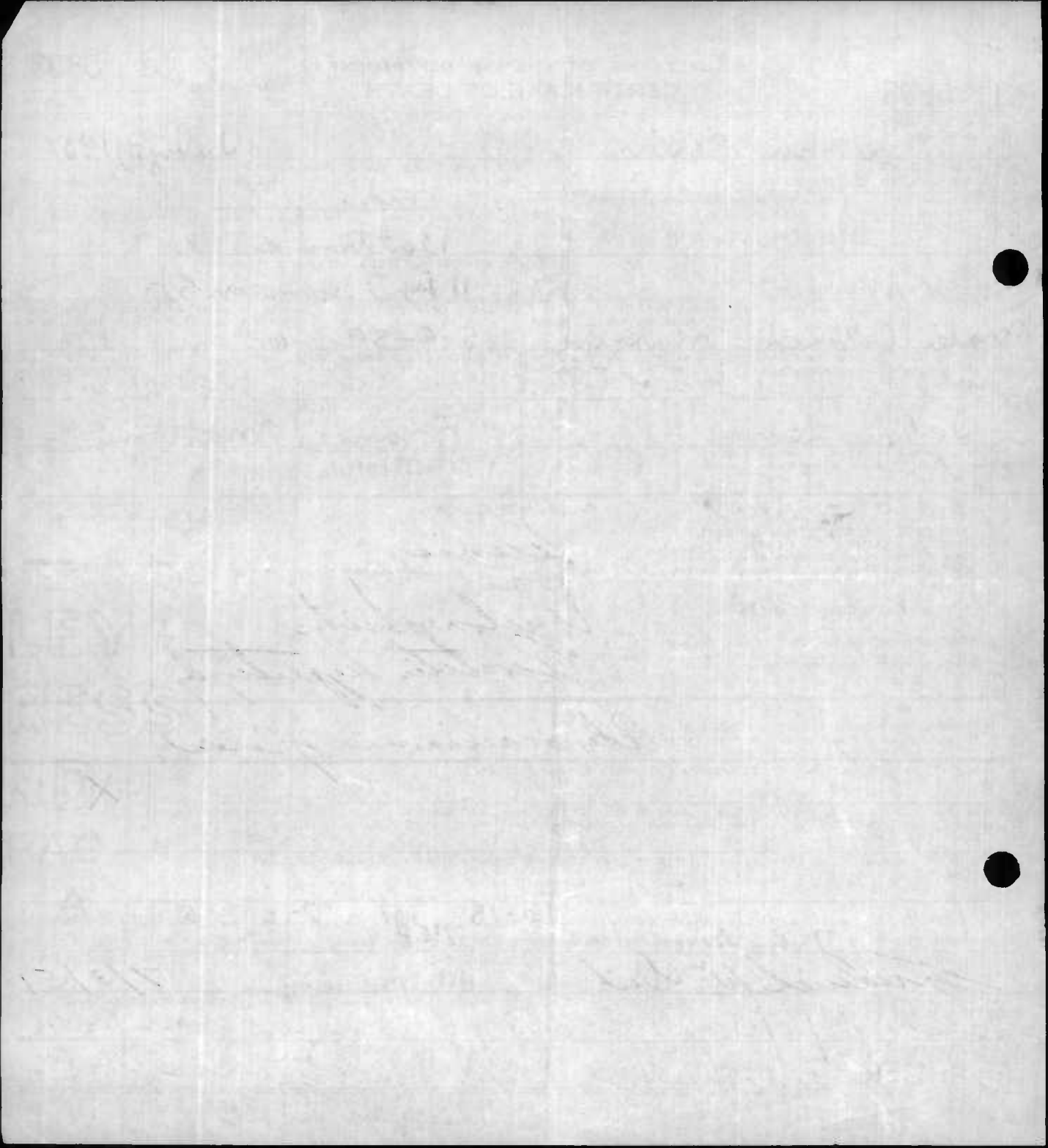
200
 51 5893
 BIRTH NO.

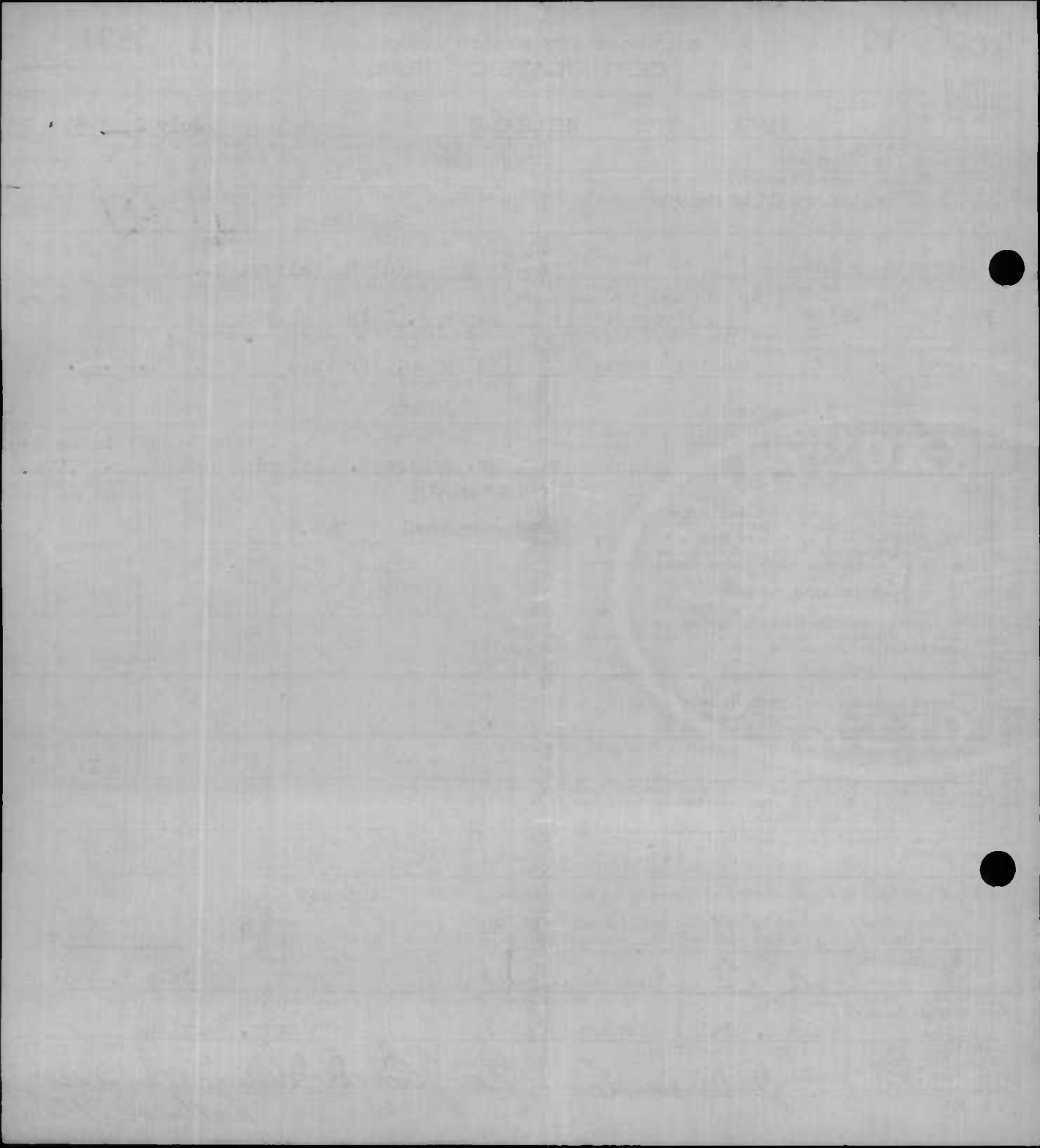
1. NAME OF DECEASED (Type or Print) John Senius			2. DATE OF DEATH July 2, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY 5-02		
b. FULL NAME OF HOSPITAL OR INSTITUTION JONAS HOPKINS HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
e. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 11147 hamson St.		
5. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5-5-89	9. AGE (in years last birthday) 62	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer			10b. KIND OF BUSINESS OR INDUSTRY Contractor		
13. FATHER'S NAME John Senius			14. MOTHER'S MAIDEN NAME Frances Matthews		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) no			16. SOCIAL SECURITY NO. JONAS HOPKINS HOSPITAL		
17. INFORMATION ADDRESS JONAS HOPKINS HOSPITAL			18. CITIZEN OF WHAT COUNTRY? W. S. A.		

18. 600.0 and 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Leucemia		CAUSE OF DEATH (A) Leucemia DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pyelonephritis		(B) Pyelonephritis DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Adenocarcinoma of Colon		(C) Adenocarcinoma of Colon DUE TO	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6-18 , 19 51 , to 7-2 , 19 51 , that I last saw the deceased alive on 7-2 , 19 51 , and that death occurred at 7:15 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Frederick W. Dick		23B. ADDRESS JONAS HOPKINS HOSPITAL		23C. DATE SIGNED 7/3/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/6/51		24C. NAME OF CEMETERY OR CREMATORY MO. Calvary	
24D. LOCATION (City, town, or county) (State) Edgar, Md.		25. FUNERAL DIRECTOR W. J. Galtstad		ADDRESS 91 S-	





416
51 5895

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5895
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JENNIE SILVERT		2. DATE OF DEATH JULY 4 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1239 N. ELLWOOD AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.	
D. STREET ADDRESS (If rural, give location) 1239 N. ELLWOOD AVE		5. LENGTH OF STAY IN BALTIMORE 66	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 78
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME NOT KNOWN		11. BIRTHPLACE (State or foreign country) LATVIA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME NOT KNOWN	
17. INFORMANT MARTIN SILVERT		ADDRESS 1239 N. ELLWOOD	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion, acute		INTERVAL BETWEEN ONSET AND DEATH 5 hours
DUE TO Hypertension		
DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		years
DUE TO		
DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. , 1946, to July 4, 1951 , that I last saw the deceased alive on 7/4/51 , and that death occurred at 1 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Louis R. Mason		23B. ADDRESS 4335 Park Heights		23C. DATE SIGNED 7/5/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE JULY 5, 1951	24C. NAME OF CEMETERY OR CREMATORY MT. CARMEL	24D. LOCATION (City, town, or county) (State) BALTO MD		
DATE RECEIVED BY LOCAL REGISTRAR JUL 5-1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR Vach... 2100 Eutaw PL		ADDRESS	

Muse
4335 Park Heights

9 AM

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5896

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Yetta Mendelson

2. DATE
OF
DEATH

7/4/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2517 Keyworth Ave.

Yrs.
Mos.
Days

41

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED.

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1898

9. AGE (In years last birthday)

53

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

KASSIA

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Hymen Tolken

14. MOTHER'S MAIDEN NAME

Goda Tolken

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Sylvan Freedman - Home

18. 585X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary embolism (?)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Acute hemorrhagic pancreatitis
Cholecystitis

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6/6/51

19B. MAJOR FINDINGS OF OPERATION

Cholecystitis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1951, to 7/4, 1951, that I last saw the deceased alive on 7/4, 1951, and that death occurred at 12:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

David M. Solomon M.D.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

7/8/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7-5-51

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

JUL 5-1951

REGISTRAR'S SIGNATURE

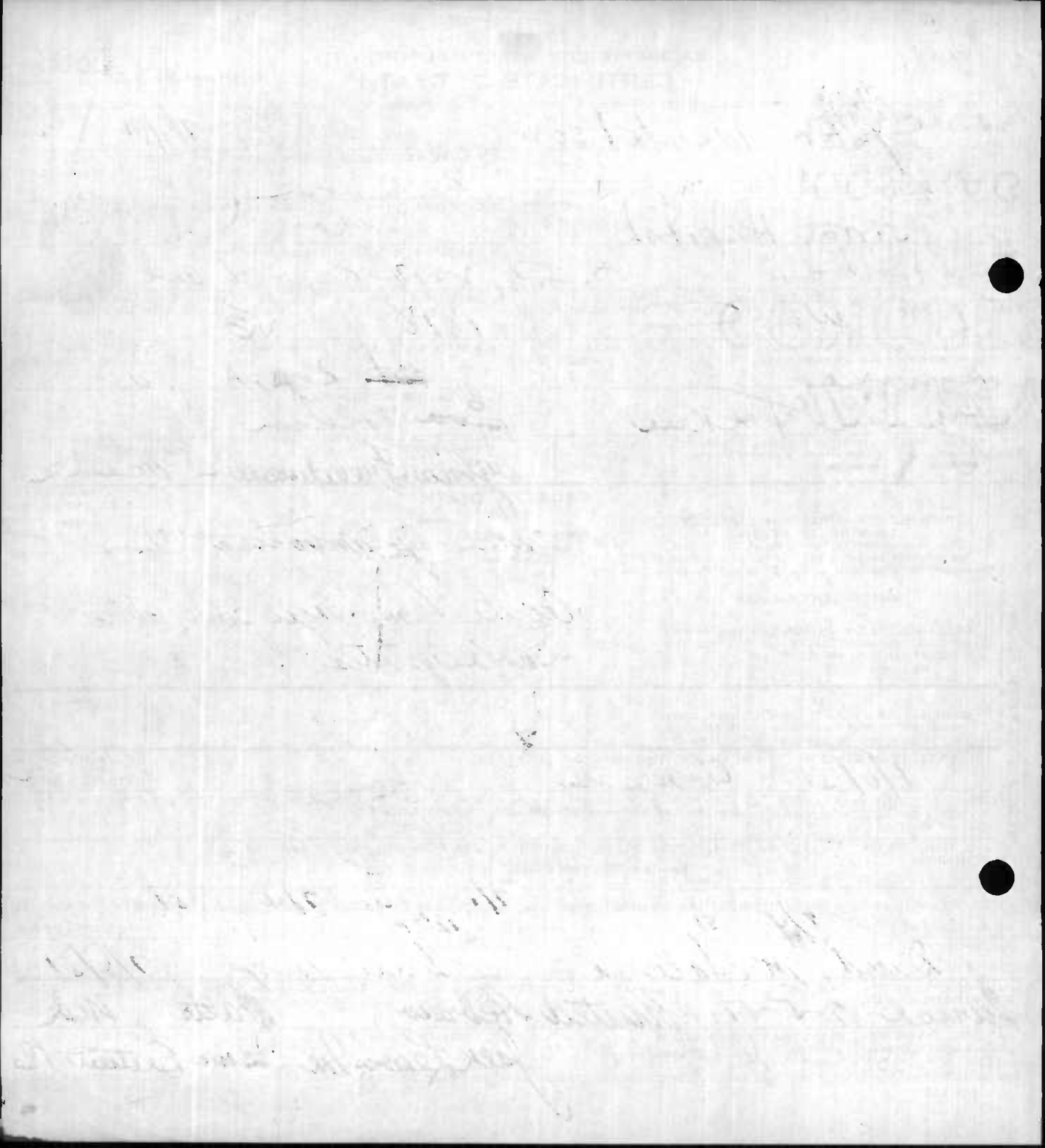
Huntington Nichols, Jr.

25. FUNERAL DIRECTOR

Jack Levey Inc

ADDRESS

2100 Certant Pl



355

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5897

BIRTH NO. 5897

1. NAME OF DECEASED (Type or Print) <i>Julia Roberta Redmond</i>			2. DATE OF DEATH <i>July 2, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Provident Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Baltimore</i>		
5. Length of stay in Baltimore <i>50 yrs.</i>			D. STREET ADDRESS (If rural, give location) <i>148 St. Lannale St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Dec. 15, 1887</i>		9. AGE (In years last birthday) <i>63</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>			13. FATHER'S NAME <i>John Lewis</i>		
14. MOTHER'S MAIDEN NAME <i>Sarah Grey</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>Mrs. Gladys Johnson</i> ADDRESS <i>1418 St. Lannale</i>		

18. <i>442x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>cerebral hemorrhage</i>		DUE TO		<i>72 hrs.</i>	
(B) <i>hypertensive cardiovascular-renal disease with arteriosclerosis</i>		DUE TO		<i>3 yrs.</i>	
(C) <i>diabetes mellitus</i>		DUE TO		<i>5 yrs.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK HOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *April 1948*, to *July 2, 1951*, that I last saw the deceased alive on *July 1, 1951*, and that death occurred at *2:15 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>James D. Carr</i>		23B. ADDRESS <i>1427 Madison Ave</i>		23C. DATE SIGNED <i>5 July 1951</i>	
-------------------------------------	--	--------------------------------------	--	-------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>July 5, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Auburn</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		24E. NAME OF FUNERAL DIRECTOR <i>Franklin Williams, Inc.</i>		24F. ADDRESS <i>1613 Daniel Hill Ave.</i>	

JUL 5-1951

VS 150

61

MEDICAL CERTIFICATION

12 Jan. 1951
H. J. ...
...

12 Jan. 1951
H. J. ...

12 Jan. 1951
H. J. ...

12 Jan. 1951
H. J. ...

12 Jan. 1951
H. J. ...

425
51 5898BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5898

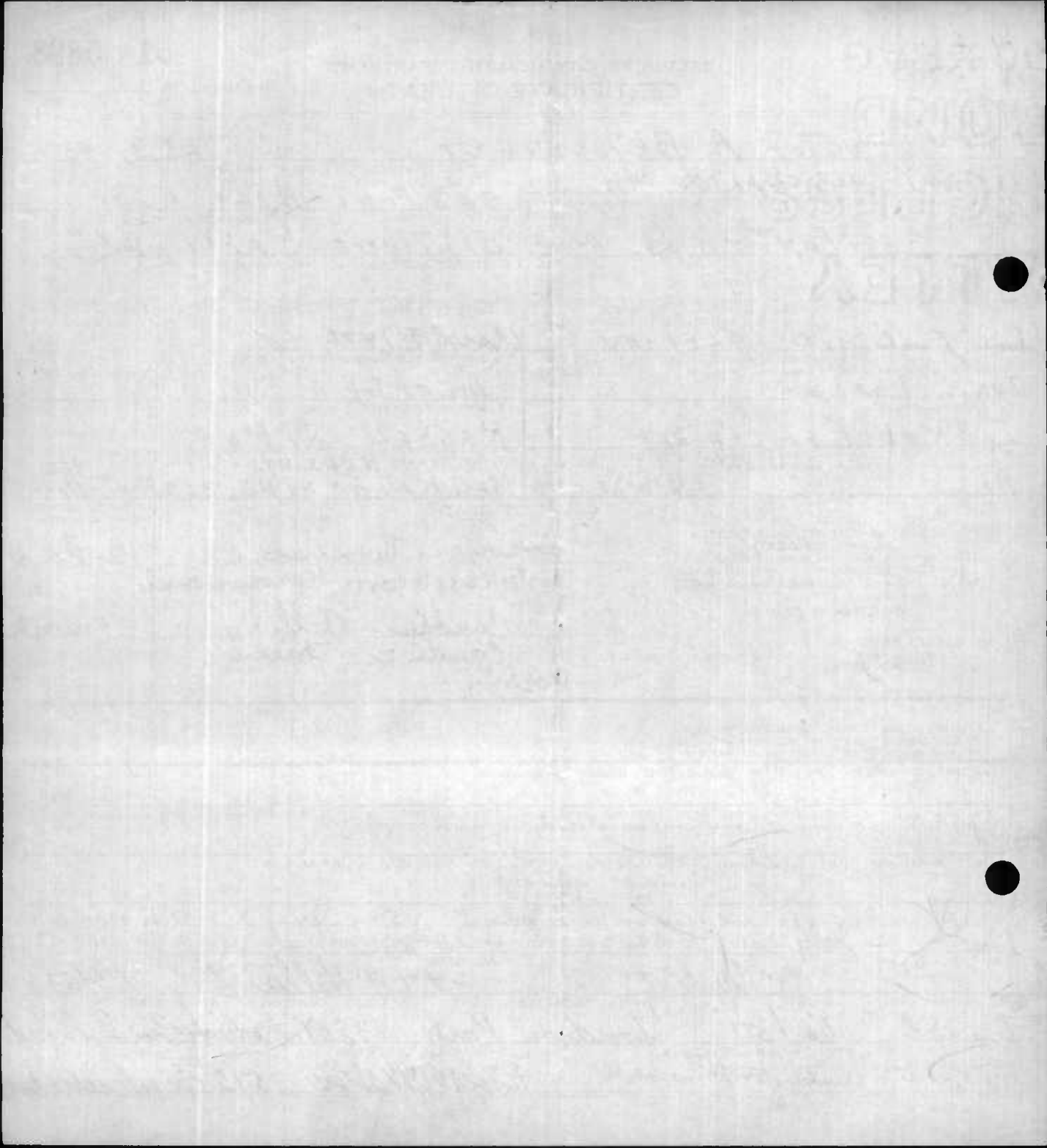
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Victor A. Belsinger		2. DATE OF DEATH JULY 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO. Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE BALTO. B. COUNTY MARYLAND	
B. FULL NAME OF HOSPITAL OR INSTITUTION 363 FONT-HILL AVE.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE MARYLAND	
D. STREET ADDRESS (If rural, give location) 20-06			
5. Length of stay in Baltimore 40		Yrs. 40 Mos. 40 Days 40	
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH April 9, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JUNK DEALER		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 65
11. BIRTHPLACE (State or foreign country) GEORGIA		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME JACKOB BELSINGER		14. MOTHER'S MAIDEN NAME RACHEL SIMON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 216-20-0940	
17. INFORMANT BELSINGER ADDRESS AVE. Mrs. KATHERINE 363 FONT-HILL			
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis Arteriosclerosis Coronary Vessels Cardiac Asthma Cardiac Failure Obesity		INTERVAL BETWEEN ONSET AND DEATH 2 days 3 mos.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1, 1951 to July 3, 1951 , that I last saw the deceased alive on July 2, 1951 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE H. Krulevitz		23B. ADDRESS 244 N. Walton St.	
23C. DATE SIGNED 7/3/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/6/51	
24C. NAME OF CEMETERY OR CREMATORY Louison Park		24D. LOCATION (City, town or county) (State) 3801 Frederick Ave Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR JUL 5-1951		REGISTRAR'S SIGNATURE Robert C. Walters	
VS 150		25. FUNERAL DIRECTOR ADDRESS 3512 Frederick Ave	

29068

94a



523
5899

CERTIFICATE CORRECTED 7-11-51

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5899

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nils Singdahlsen

2. DATE
OF
DEATH

4 July 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2811 Glendale Ave.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

None.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2811 Glendale Ave

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Jan-24-1872

9. AGE (In years,

last birthday)

79 78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Ret. Elec. Engineer.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Norway.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Sylvia Molz 2811 Glendale Ave

ADDRESS

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

6 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Cardiovascular Disease

DUE TO

10 yrs.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

No

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 June, 1950, to 4 July, 1951, that I last saw the
deceased alive on 3 July, 1951, and that death occurred at 7 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward L. J. Molz

M. D.

23B. ADDRESS

7425 Harford Rd.

23C. DATE SIGNED

4 July 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 7-51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem PK.

24D. LOCATION (City, town, or county)

Parkville Balto Co.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

William Crk Inc. 1217 St Paul St.

100-100000



362 ✓
51 5900

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5900

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 9. AGE (In years last birthday) 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 447X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage.

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Art. Sclerotic Hypertensive Vascular disease

13 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1951, to July 3, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

correct age is especially important. Physicians: please write the cause of death clearly and

AMERICAN MEDICAL ASSOCIATION
CERTIFICATE OF DEATH

1912

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1912

1912

1912

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5901

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Theresa Brown</i>			2. DATE OF DEATH <i>7-3-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <input checked="" type="checkbox"/>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>md.</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sulzeran Hospital</i>			C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <i>Baltimore</i>		
5. Length of stay in Baltimore <i>20</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>619 N. Bentall St. #16</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Oct 19, 1880</i>	9. AGE (In years last birthday) <i>70</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Francis J. Clark</i>			14. MOTHER'S MAIDEN NAME <i>Mary J. Noonan</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>_____</i>	17. INFORMANT <i>Daughter</i>		ADDRESS <i>Same</i>

18. <i>420.1</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>acute anterior coronary occlusion 20 hrs.</i>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A) _____			
DUE TO (B) _____			
DUE TO (C) _____			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>uremia</i>			
19A. DATE OF OPERATION <i>7/6/51</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>_____</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>_____</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>_____</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>_____</i>	
22. I hereby certify that I attended the deceased from <i>July 1, 1951</i> , to <i>3 July, 1951</i> , that I last saw the deceased alive on <i>3 July, 1951</i> , and that death occurred at <i>6:35 Am.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Theresa Brown Jr.</i>		23B. ADDRESS <i>M. D. Sulzeran Hospital</i>	23C. DATE SIGNED <i>July 5, 1951</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7/6/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 5-1951</i>	REGISTRAR'S SIGNATURE <i>William Williams</i>	25. FUNERAL DIRECTOR <i>Wm. G. G. Inc. 1217 St. Paul St.</i>	

MEDICAL CERTIFICATION

correct age is especially important. In statements, please state the

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Occupation		7. Cause of Death		8. Place of Death	
9. Name of Physician		10. Name of Undertaker		11. Name of Burial Place		12. Name of Cemetery	
13. Name of Registrar		14. Name of Coroner		15. Name of Medical Examiner		16. Name of Health Officer	
17. Name of Funeral Home		18. Name of Burial Place		19. Name of Cemetery		20. Name of Interment	
21. Name of Burial Place		22. Name of Cemetery		23. Name of Interment		24. Name of Burial Place	
25. Name of Cemetery		26. Name of Interment		27. Name of Burial Place		28. Name of Cemetery	
29. Name of Interment		30. Name of Burial Place		31. Name of Cemetery		32. Name of Interment	
33. Name of Burial Place		34. Name of Cemetery		35. Name of Interment		36. Name of Burial Place	
37. Name of Cemetery		38. Name of Interment		39. Name of Burial Place		40. Name of Cemetery	
41. Name of Interment		42. Name of Burial Place		43. Name of Cemetery		44. Name of Interment	
45. Name of Burial Place		46. Name of Cemetery		47. Name of Interment		48. Name of Burial Place	
49. Name of Cemetery		50. Name of Interment		51. Name of Burial Place		52. Name of Cemetery	
53. Name of Interment		54. Name of Burial Place		55. Name of Cemetery		56. Name of Interment	
57. Name of Burial Place		58. Name of Cemetery		59. Name of Interment		60. Name of Burial Place	
61. Name of Cemetery		62. Name of Interment		63. Name of Burial Place		64. Name of Cemetery	
65. Name of Interment		66. Name of Burial Place		67. Name of Cemetery		68. Name of Interment	
69. Name of Burial Place		70. Name of Cemetery		71. Name of Interment		72. Name of Burial Place	
73. Name of Cemetery		74. Name of Interment		75. Name of Burial Place		76. Name of Cemetery	
77. Name of Interment		78. Name of Burial Place		79. Name of Cemetery		80. Name of Interment	
81. Name of Burial Place		82. Name of Cemetery		83. Name of Interment		84. Name of Burial Place	
85. Name of Cemetery		86. Name of Interment		87. Name of Burial Place		88. Name of Cemetery	
89. Name of Interment		90. Name of Burial Place		91. Name of Cemetery		92. Name of Interment	
93. Name of Burial Place		94. Name of Cemetery		95. Name of Interment		96. Name of Burial Place	
97. Name of Cemetery		98. Name of Interment		99. Name of Burial Place		100. Name of Cemetery	

455
5902BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5902

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lindsay</i>		2. DATE OF DEATH <i>7-3-57</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>19-01</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore - 23</i>	
Length of stay in Baltimore <i>20</i> ^{Vrs} Mos. Days		D. STREET ADDRESS (If rural, give location) <i>525 N Gilman St.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>10-1-1900</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Phone Operator</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>E. D. McDermott</i>	9. AGE (In years last birthday) <i>57</i>
13. FATHER'S NAME <i>Benny Solomon</i>		11. BIRTHPLACE (State or foreign country) <i>Georgia</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>	
16. SOCIAL SECURITY NO. <i>217-09-4422</i>		14. MOTHER'S MAIDEN NAME <i>Maria Solomon</i>	
17. INFORMANT <i>Wife</i>		ADDRESS <i>619 N. Appleton St.</i>	

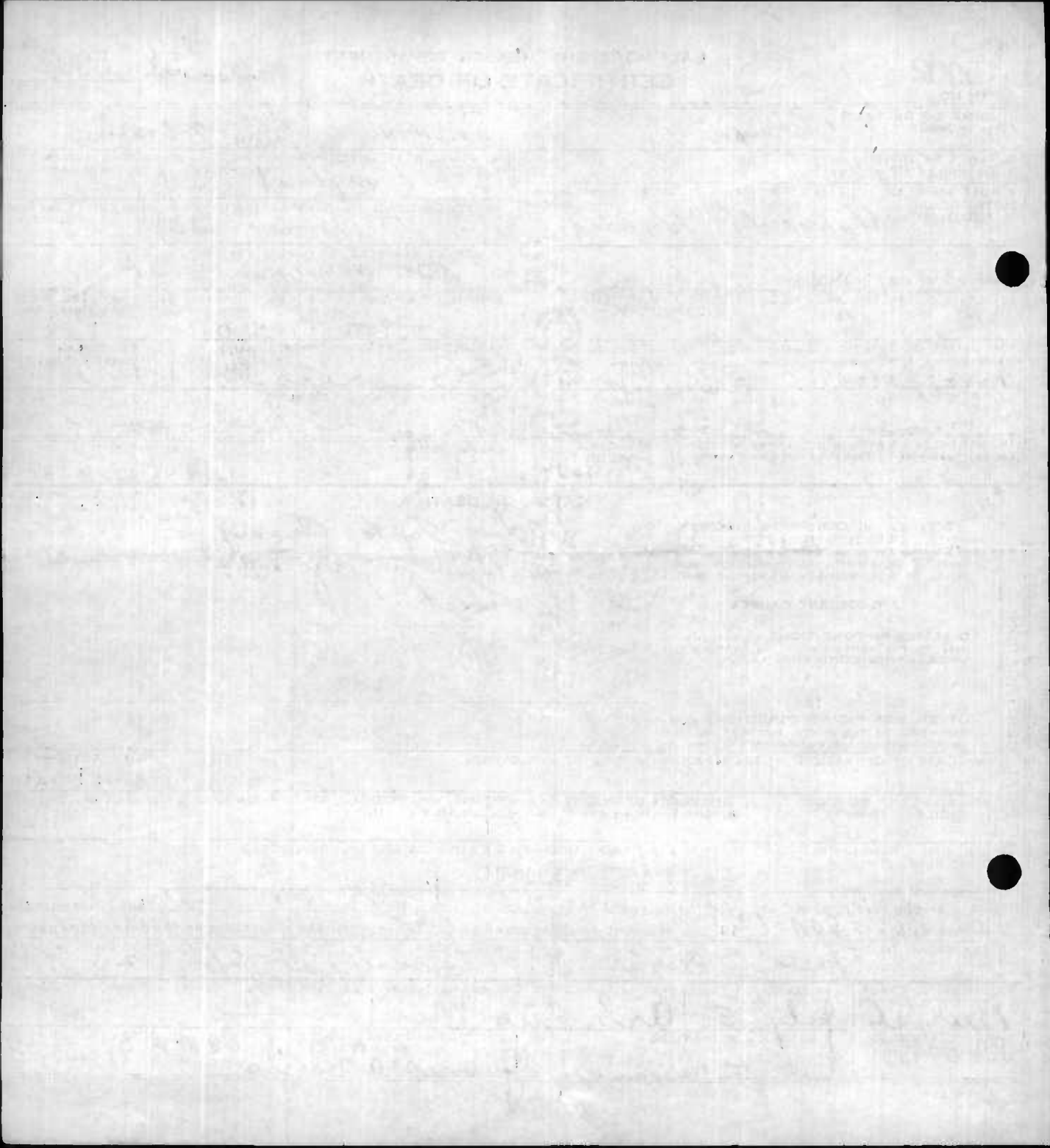
18. <i>420.1</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>Edmonston 5460</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) DUE TO <i>D.O.A. - Acute Coronary Occlusion & myocardial Infarction</i>	
ANTECEDENT CAUSES	(B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>7-3</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7-3*, 19*57*, to *7-3*, 19*57*, that I last saw the deceased alive on *D.O.A. - 7-3*, 19*57*, and that death occurred at *1:20 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Francis J. Berger</i> M. D.	23B. ADDRESS <i>University Hospital</i>	23C. DATE SIGNED <i>7-3-57</i>
---	---	--------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 8</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mum</i>	24D. LOCATION (City, town, or county) (State) <i>638 N. 9th St</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>Aug 5 1957</i>		REGISTRAR'S SIGNATURE <i>William Williams</i>	
FUNERAL DIRECTOR <i>James S. Asch</i>		ADDRESS <i>638 N. 9th St</i>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5903
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mrs. Anna Link

2. DATE
OF
DEATH

7/3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland **2025 W. Fayette St**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

115 Sudbrook Lane Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Ben Secour Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Pikesville 8 Md.

D. STREET ADDRESS (If rural, give location)

5300

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

X Widow

8. DATE OF BIRTH

10/1/83

9. AGE (In years last birthday)

65

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

J. Willia PARRY

14. MOTHER'S MAIDEN NAME

Sarah Parry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Thomas A. Mohan - Pikesville Md.

18.

153 X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hemorrhage & Uremia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Gastro Colic Cutaneous Fistule**

DUE TO

(C) **Gastric Carcinoma Post Operative**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **5-10**, 19**51**, to **7-3**, 19**51**, that I last saw the deceased alive on **7-3**, 19**51** and that death occurred at **7:30** a. m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

Ben Secours Hosp

23C. DATE SIGNED

7-3-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 5 - 1951

Huntington Williams, M.D.

Frank H. Newell, Jr. Pikesville

City Hall

5209 York

223
51 5904
ND-149448
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

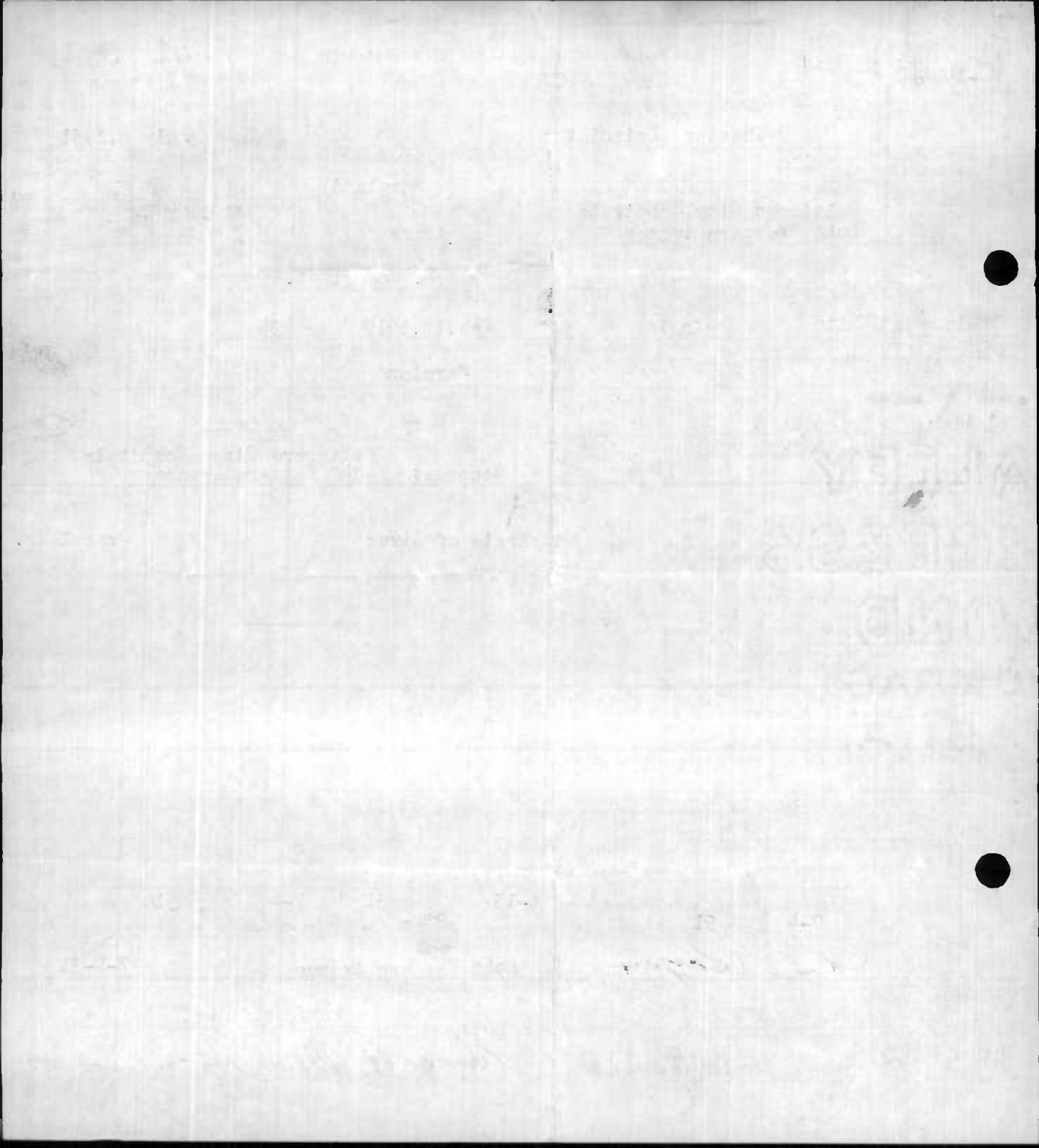
51 5904
Registered No.

1. NAME OF DECEASED (Type or Print) Adam Chester Dzieciatko			2. DATE OF DEATH July 4, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 708 S. Bethel St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 19, 1917		9. AGE (in years last birthday) 34
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Foot D.E. & Co Inc	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Adam Dzieciatko			14. MOTHER'S MAIDEN NAME Mary ? Oksiecki		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) WW-II		16. SOCIAL SECURITY NO. 220-07-1798	17. INFORMANT ADDRESS Baltimore City Hospitals Records: 4940 Eastern Avenue		

18. 156.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cirrhosis of Liver		INTERVAL BETWEEN ONSET AND DEATH Over 1 Yr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-15 , 19 51 to 7-4 , 19 51 that I last saw the deceased alive on 7-4 , 19 51 , and that death occurred at 8 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE T.S. Rogan		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 7-4-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 6, 1951		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary		24D. LOCATION (City, town, or county) (State) Baltimore, Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 5 - 1951		REGISTRAR'S SIGNATURE George E. Meke		25. FUNERAL DIRECTOR George E. Meke		ADDRESS 705 S. Burr St	



630

5905

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5905

Registered No.

BIRTH NO.

49-26719

1. NAME OF DECEASED
(Type or Print)

HELEN L. HURT

2. DATE
OF
DEATH

July 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HLH-4E

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2024 E. BIDDLE ST.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

DEC 10-1949

9. AGE (In years last birthday)

12

10. Under 1 Year

Months

Days

11. Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Bald.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Raymond Hurt

14. MOTHER'S MAIDEN NAME

Mary Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHN HOPKINS HOSPITAL

18. E8850

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute Lead Encephalopathy

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Injection of lead.

(C) DUE TO

CERTIFICATION APPROVED BY

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

William V. [Signature]

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OTHER OR ASST. MEDICAL EXAMINER,

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

2024 E. BIDDLE

8/7

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Between Nov & July m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Eating plaster off wall

22. I hereby certify that I attended the deceased from 7-2-51 to 7-2-51, that I last saw the deceased alive on 7-2-51, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Ruth M. Phillips

23B. ADDRESS

JOHN HOPKINS HOSPITAL

23C. DATE SIGNED

7-2-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

July 5/51

Mt Calvary Cem.

G. A. County

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 5 - 1951

Wilmington Williams, Md.

Mrs Robert A. Elliott - Daughter

VS 50

Ther. Ex Case N-4966

Released to hospital 78B

MEDICAL CERTIFICATION

July 2, 1951

My dear Mr. [illegible]
[illegible]
[illegible]
[illegible]

[The remainder of the page contains extremely faint, illegible text, likely bleed-through from the reverse side of the document. The text is too light to transcribe accurately.]

600
1 5906BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5906
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ned T. Terry

2. DATE
OF
DEATH

7-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1118 N. Fulton Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Md.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1118 N. Fulton Ave

C. Length of stay in Baltimore

15 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 1, 1887

9. AGE (In years,
last birthday)

64

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemp. Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

Mecherren Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ed Terry

14. MOTHER'S MAIDEN NAME

Lucy?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hannie Terry 1118 N. Fulton

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute myocardial failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary Heart Disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Arteriosclerosis + Hypertension.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-3-1951, to 7-3-1951, that I last saw the
deceased alive on 7-3-1951, and that death occurred at 2 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Gilbert L. Banfield

M. D.

23B. ADDRESS

722 N. Fulton Ave

23C. DATE SIGNED

7/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

July 5/51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Keyserville Va.

DATE RECEIVED BY REGISTRAR'S SIGNATURE
LOCAL REGISTRAR

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Robert G. Elliott & Daughter

1129 N. Caroline St.

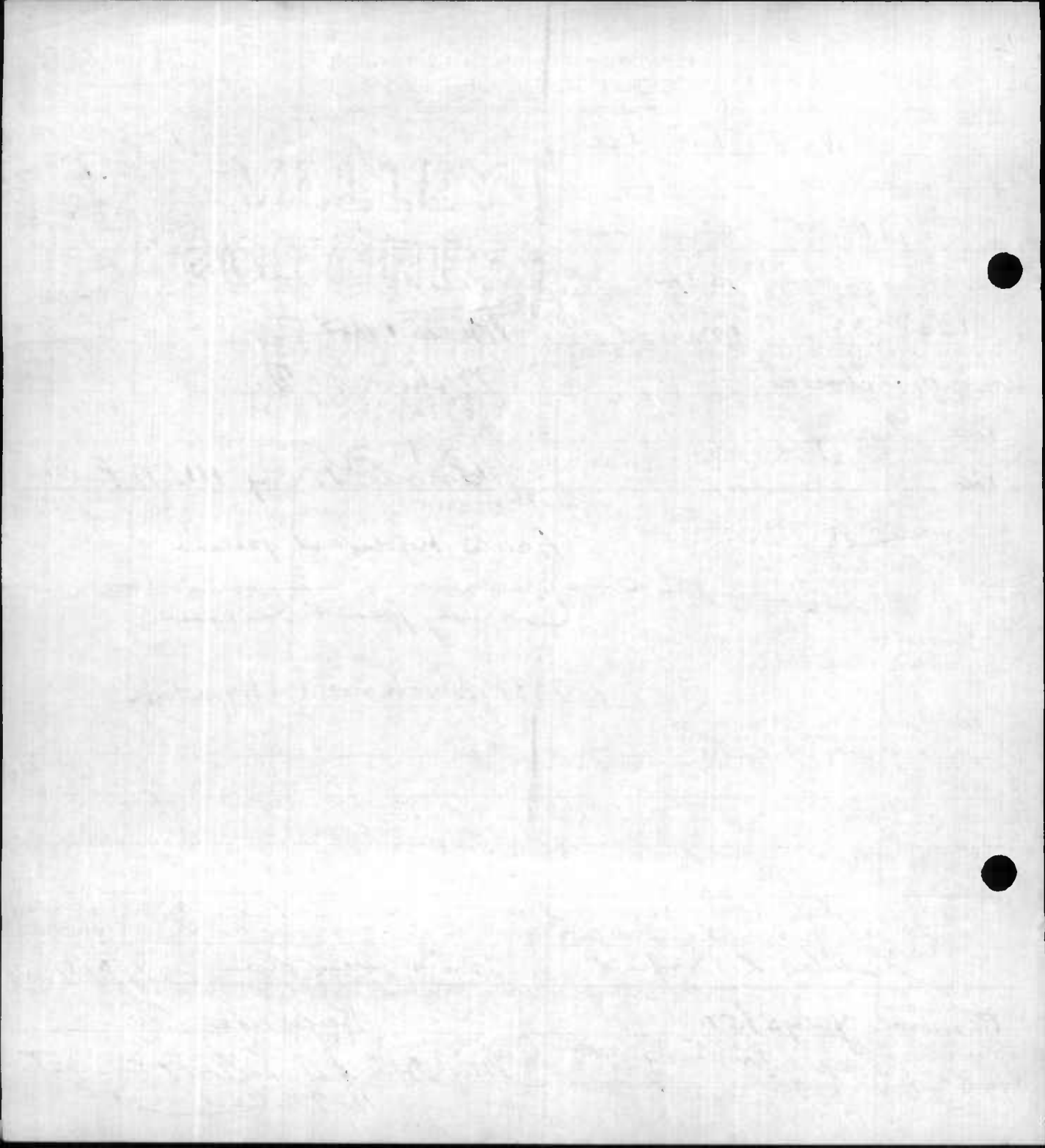
JUL 5-1951

VS 150

97099

94a

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

51 5907

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM F. GETTRUST

2. DATE OF DEATH

July 3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2908 Allendale Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.

C. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2908 Allendale Rd.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

July 19, 1874

9. AGE (In years last birthday)

76

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Operator (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

Telegraph

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Gettrust

14. MOTHER'S MAIDEN NAME

Alice Ford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Marguerite Rosenberg - 2908 Allendale

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Uremia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Myocardial Failure

DUE TO

3 mos

(C)

arterio-sclerosis

2 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

1

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

no

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 7th, 1951, to July 3rd, 1951, that I last saw the deceased alive on July 3rd, 1951, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Frederick Lutz M. D.

23B. ADDRESS

Temple Garden Apt

23C. DATE SIGNED

July 4-51

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

7/6/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

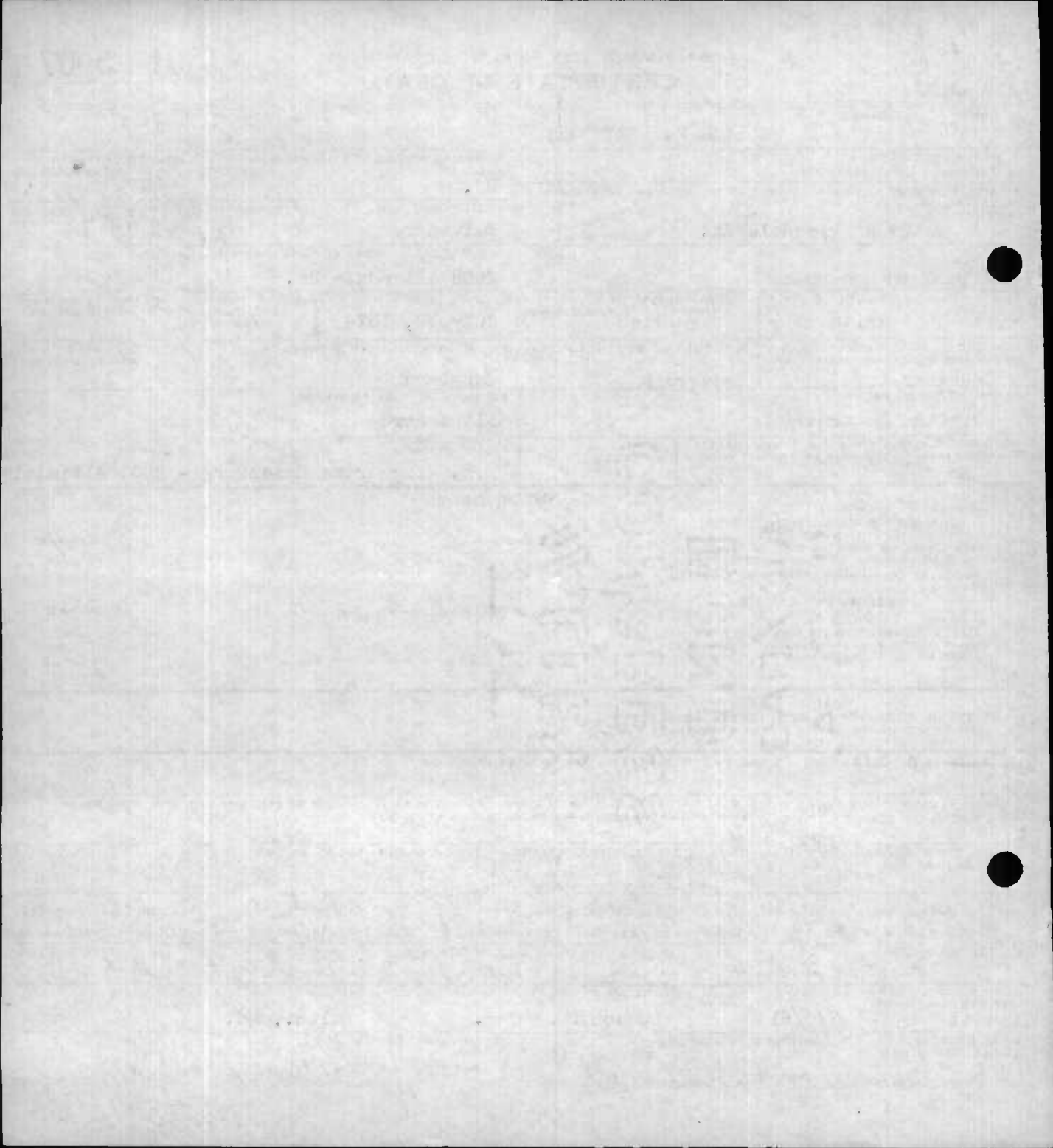
25. FUNERAL DIRECTOR

ADDRESS

JUL 5 - 1951

Wm. J. Fickner & Sons

97 Balto., Md.



200
51 5908
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5908

1. NAME OF DECEASED (Type or Print) Charles H. Tighe		2. DATE OF DEATH July 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 2528 Oswego Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2528 Oswego Ave.	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10. DATE OF BIRTH Feb. 20, 1888
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator Power Plant		12. AGE (In years last birthday) 63	
13. FATHER'S NAME Tighe		14. BIRTHPLACE (State or foreign country) Pennsylvania	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. 212-05-6157	
17. MOTHER'S MAIDEN NAME Unknown		18. CITIZEN OF WHAT COUNTRY?	
19. INFORMANT Mrs. Harriet A. Tighe		20. ADDRESS 2528 Oswego Ave.	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Disease	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hyper-tensive Cardio-vascular Disease	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

21A. DATE OF OPERATION	21B. MAJOR FINDINGS OF OPERATION	21C. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21D. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.	21E. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21F. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21G. TIME (Month) (Day) (Year) (Hour) OF INJURY	21H. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21I. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Wm. H. Kammer, J.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	23C. DATE SIGNED July 3, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/6/51	24C. NAME OF CEMETERY OR CREMATORY Calvary Methodist Cem.
24D. LOCATION (City, town, or county) Gamber, Md.		24E. STATE Md.

25. DATE RECEIVED BY LOCAL REGISTRAR JUL 5 - 1951	26. REGISTRAR'S SIGNATURE William H. Kammer, Jr.	27. FUNERAL DIRECTOR Wm. J. Listener & Sons - Balt.	28. ADDRESS 937 W. 1st St.
---	--	---	--------------------------------------

CERTIFICATE OF DEATH

Form with multiple horizontal lines for text entry, including fields for name, date, and cause of death.

Handwritten signature and date at the bottom of the page.

CERTIFICATE CORRECTED 7-9-51

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 51 5909

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALEXANDER, Welsh, Jr.

2. DATE
OF
DEATH

July 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Bald Geo.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Md. Gen'l Hospital.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

707 Highwood Dr. #12

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1898

9. AGE (In years,
last birthday)

(52) 53

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Book Binder

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alexander Welsh, Sr.

14. MOTHER'S MAIDEN NAME

Margaret Bruff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or noneknow)

16. SOCIAL
SECURITY NO.

Helen Welsh

ADDRESS

Same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Insufficiency with
cardiac Decompensation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from June 26, 1951, to July 3, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles Bakhair

23B. ADDRESS

M. D. Maryland General Hospital 7/3/51

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

7/7/51

24C. NAME OF CEMETERY OR CREMATORY

Moreland mem.

24D. LOCATION (City) town, or county

Bald Geo.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Paul S. Williams

ADDRESS

6067 Highland

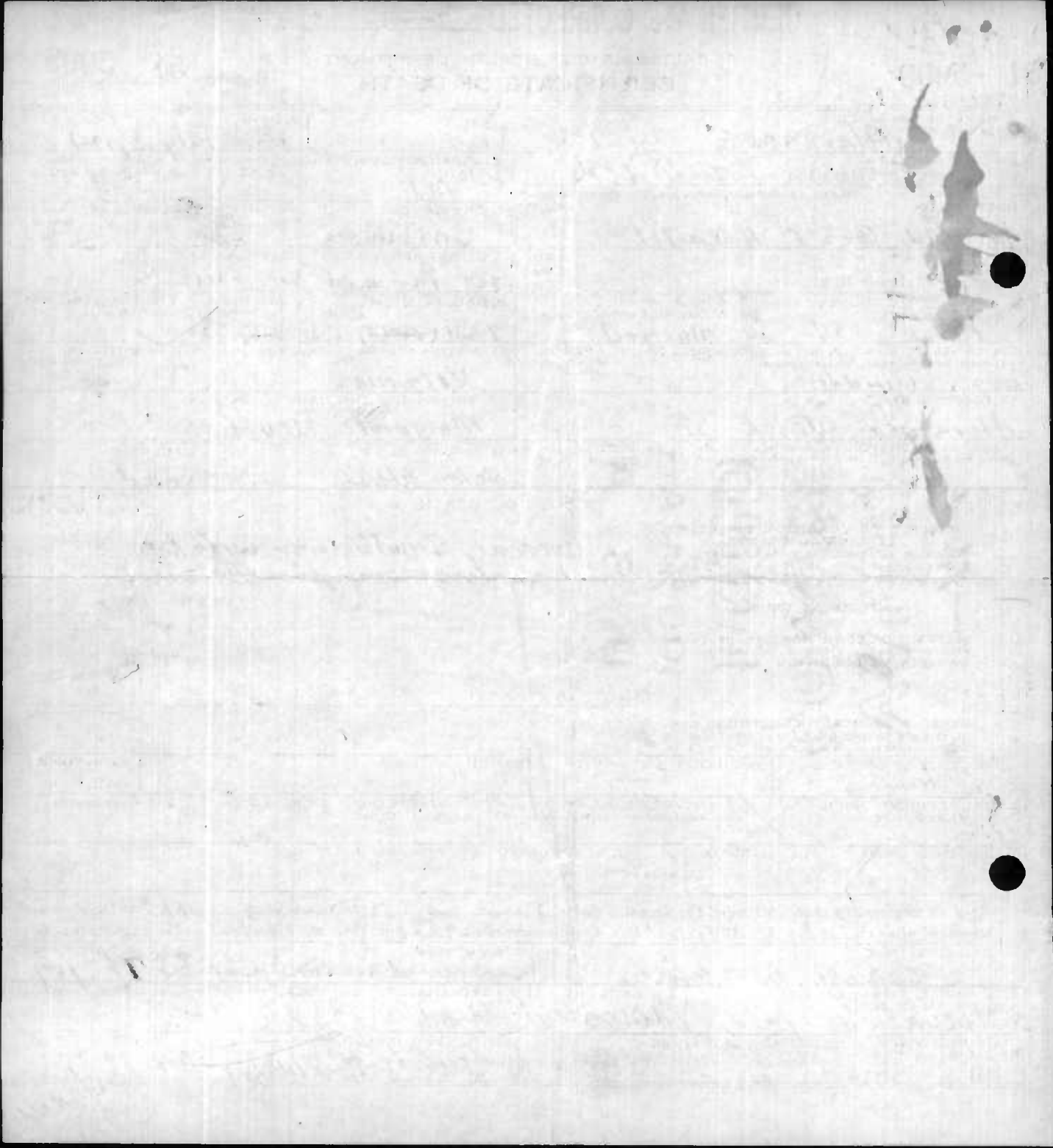
JUL 5-1951

VS 150

5024M

94a

correct age is especially important. Physicians: please write true cause of death clearly and legibly.



520
51 5910

51 5910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) HELEN D. MUNCKS		2. DATE OF DEATH July 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 115 W. Melrose		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) STATE Md. B. COUNTY _____	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1938 LINDEN AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1938 Linden Ave.	
5. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH July 1, 1871
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY _____	
13. FATHER'S NAME Louis A. Muncks		14. MOTHER'S MAIDEN NAME Margaret Stuart	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mr. Herbert Rutherford		ADDRESS Towson-4, 406 Hopkins Rd.	

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Myocardial Degeneration		INTERVAL BETWEEN ONSET AND DEATH 2 Wks
DUE TO (A) _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Arteriosclerosis		10 yrs.
DUE TO (B) _____		
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 6/30 , 19 51 , to 7/3 , 19 51 , that I last saw the deceased alive on 7/3 , 19 51 , and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE Charles R. Howell		23B. ADDRESS 2501 York Rd		23C. DATE SIGNED 7/5/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 7-5-51		24C. NAME OF CEMETERY OR CREMATORY Green Mount	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR John O. Mitchell & Sons Inc			
DATE RECEIVED BY LOCAL REGISTRAR JUL 5 - 1951		REGISTRAR'S SIGNATURE William H. ...			

MEDICAL CERTIFICATION

7501

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5911**

100
51 5911
BIRTH NO.

1. NAME OF DECEASED (Type or Print) LaFoe, John Richard			2. DATE OF DEATH July 4, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland US Marine Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) U.S. Marine Hospital Baltimore 11, Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. Length of stay in Baltimore 15yrs Yrs. Mos. Days			E. STREET ADDRESS (If rural, give location) 1608 Park Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 7, 1917	9. AGE (in years last birthday) 34	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY Seafaring		11. BIRTHPLACE (State or foreign country) Connecticut	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME John LaFoe		
14. MOTHER'S MAIDEN NAME Mary Moran			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Unknown		
16. SOCIAL SECURITY NO. 091-14-3768			17. INFORMANT ADDRESS Records US Marine Hospital, Balto., Md.		

18. 16rx DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the right upper bronchus		INTERVAL BETWEEN ONSET AND DEATH 6 Months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Metastatic to the brain.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **June 7**, 1951, to **July 4**, 1951, that I last saw the deceased alive on **July 4**, 1951, and that death occurred at **9:30 A.** m., from the causes and on the date stated above.

23A. SIGNATURE William H. Languth, SA Surgeon (R) M. O.	23B. ADDRESS US Marine Hospital, Balto., Md.	23C. DATE SIGNED 7-4-51
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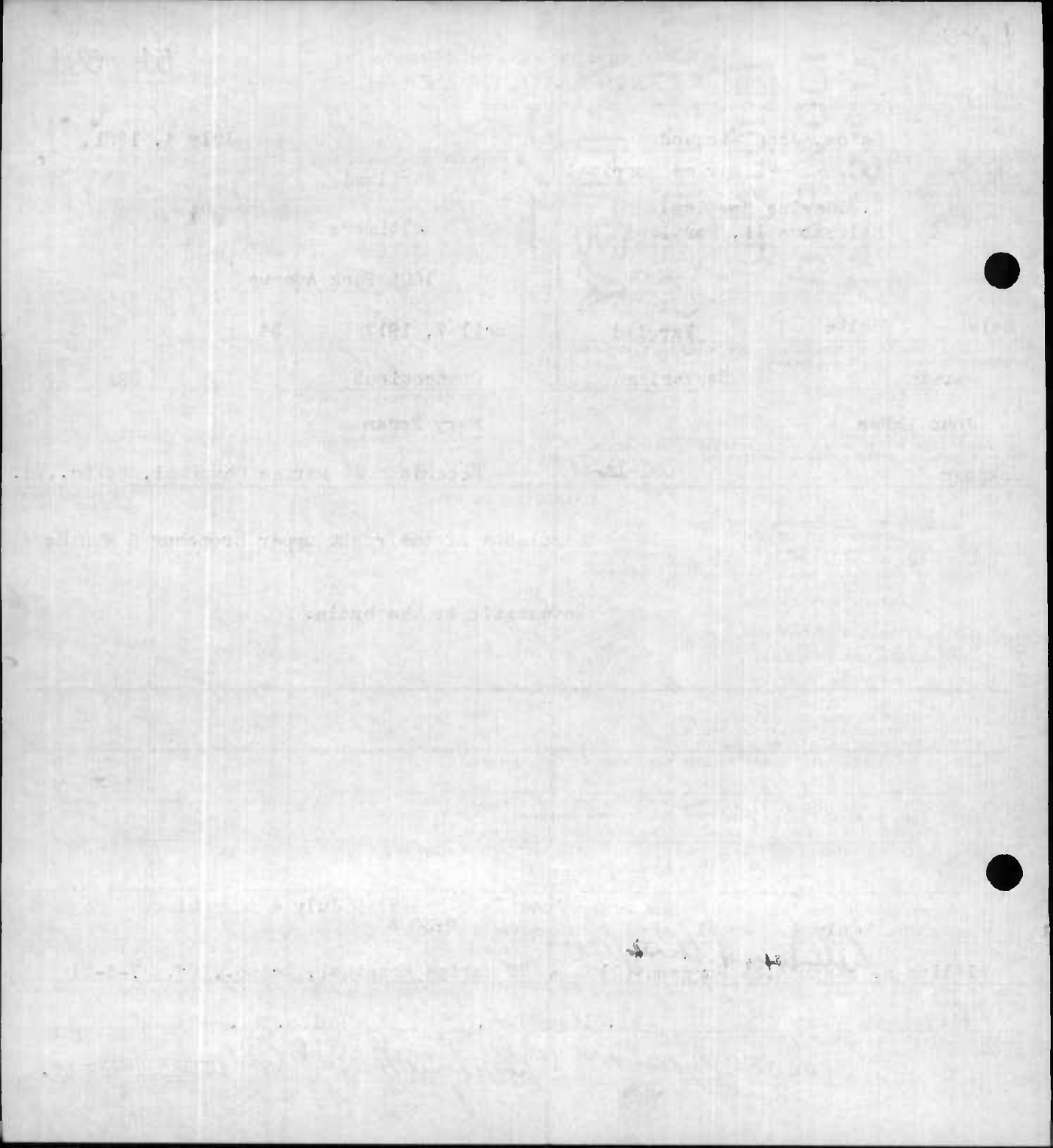
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 7/51	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.	24D. LOCATION (City, town, or county) (State) Balto. Md.
--	-------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR JUL 5 - 1951	REGISTRAR'S SIGNATURE <i>William H. Languth</i>	25. FUNERAL DIRECTOR <i>Philip R. ...</i>	ADDRESS 2024 Orleans St.
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673 55

47c

MEDICAL CERTIFICATION



420
51 5912BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5912

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH (Joe) LYLES			2. DATE OF DEATH July 2, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore II years			D. STREET ADDRESS (If rural, give location) 1024 N. Calhoun Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-25-1898	9. AGE (In years last birthday) 52	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) helper on truck			11. BIRTHPLACE (State or foreign country) Newberry, S.C.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Andrew Lyles			14. MOTHER'S MAIDEN NAME Ella Bryant		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes WW#1.			16. SOCIAL SECURITY NO.		
17. INFORMANT Maggie Lyles, 1024 N. Calhoun St.			ADDRESS		

18. 4 yr. 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

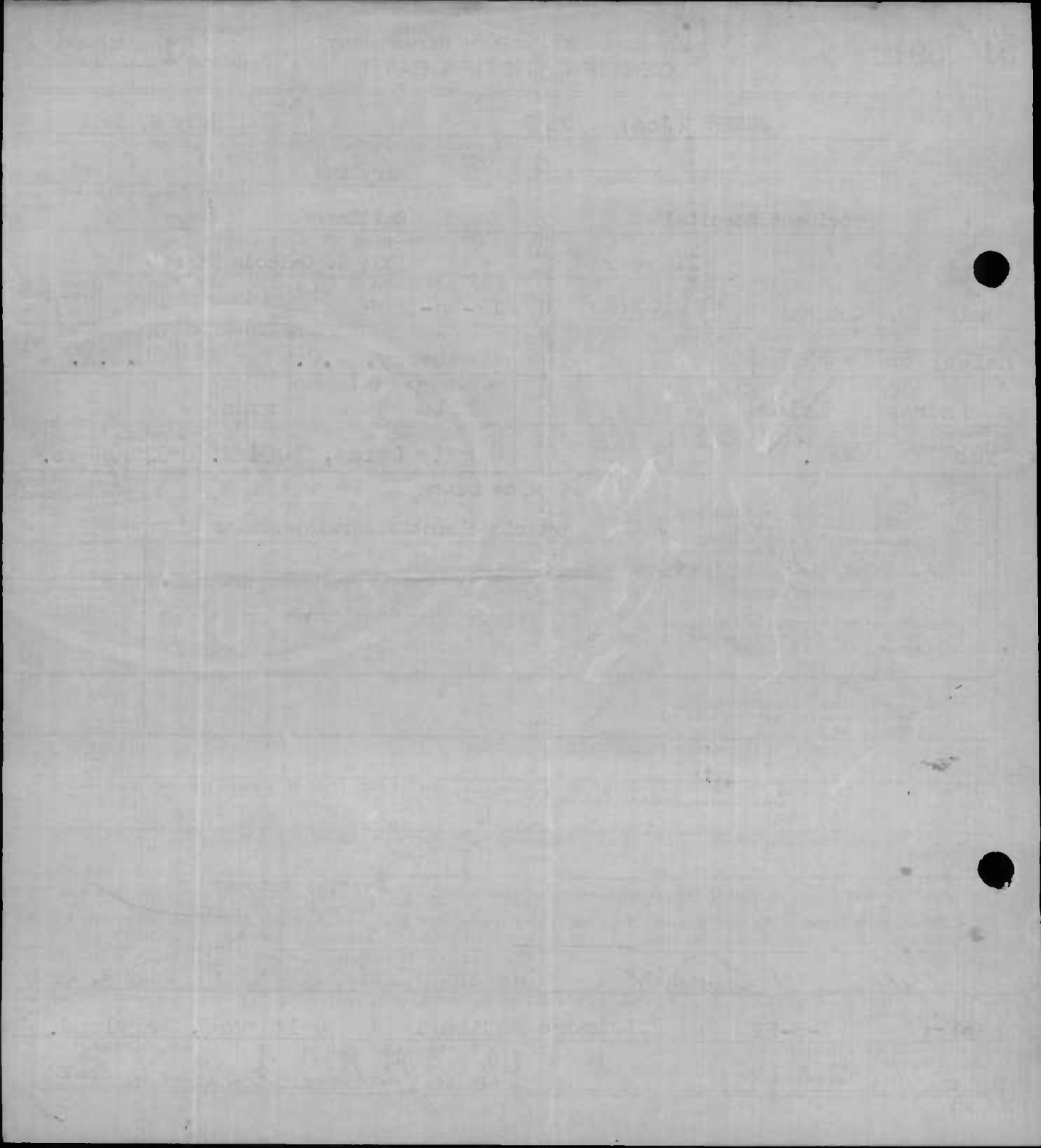
22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **William J. Jackson** M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ 23C. DATE SIGNED **July 3, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **7-6-51** 24C. NAME OF CEMETERY OR CREMATORY **Baltimore National** 24D. LOCATION (City, town, or county) (State) **Baltimore, Maryland.**

DATE RECEIVED BY LOCAL REGISTRAR **JUL 5 - 1951** REGISTRAR'S SIGNATURE **William J. Jackson** 25. FUNERAL DIRECTOR **Wm. A. Jackson - 916 Penn. Ave.** ADDRESS

VS 151 970 52 93D



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5913
Registered No. 51 5913

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CORNELL SILVER

2. DATE
OF
DEATH

July 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

201 Morton Court

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

X

6. COLOR OR RACE

Male

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

May-14-1946

9. AGE (in years last birthday)

5

11 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

McCoy Silver

14. MOTHER'S MAIDEN NAME

Ethel Howard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address: Station Md.

McCoy Silver 201 Morton Ct Turner

18. *E9m. 0 1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxiated due to toy balloon

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

201 Morton Court

21D. TIME (Month) (Day) (Year) (Hour)

July 2, 1951 8:00 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Swallowed a toy balloon

2. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William O. Love

23B. CHIEF MEDICAL EXAMINER ☐ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☒ July 3, 1951
M.D. MEDICAL INVESTIGATOR ☐

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/5/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem

24D. LOCATION (City, town, or county) (State)

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUL 5 - 1951

REGISTRAR'S SIGNATURE

William O. Love

25. FUNERAL DIRECTOR

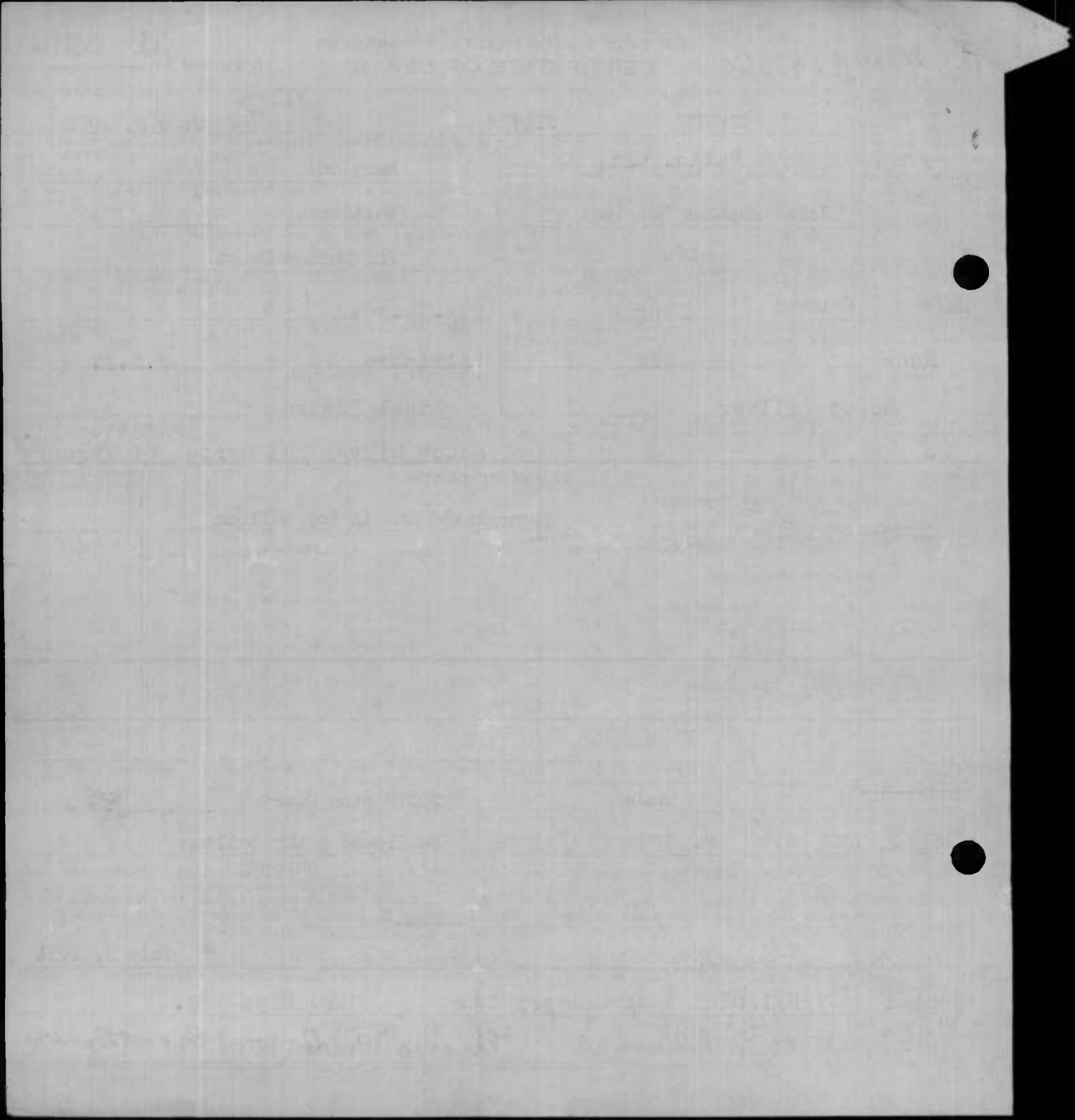
Elroy Wilson 1100 Brantly Ave

ADDRESS

V S 151

N-933.0

1951 ✓



620
5914

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5914

N.R.

1. NAME OF DECEASED
(Type or Print)

Robert Michael Burruss

2. DATE
OF
DEATH

JUL 5 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

8. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

6. COLOR or RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CAUSE OF DEATH

18. 204.4

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Leukemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-13-1951 to 7-5-1951, that I last saw the
deceased alive on 7-5-1951, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. G. Guil

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7/5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

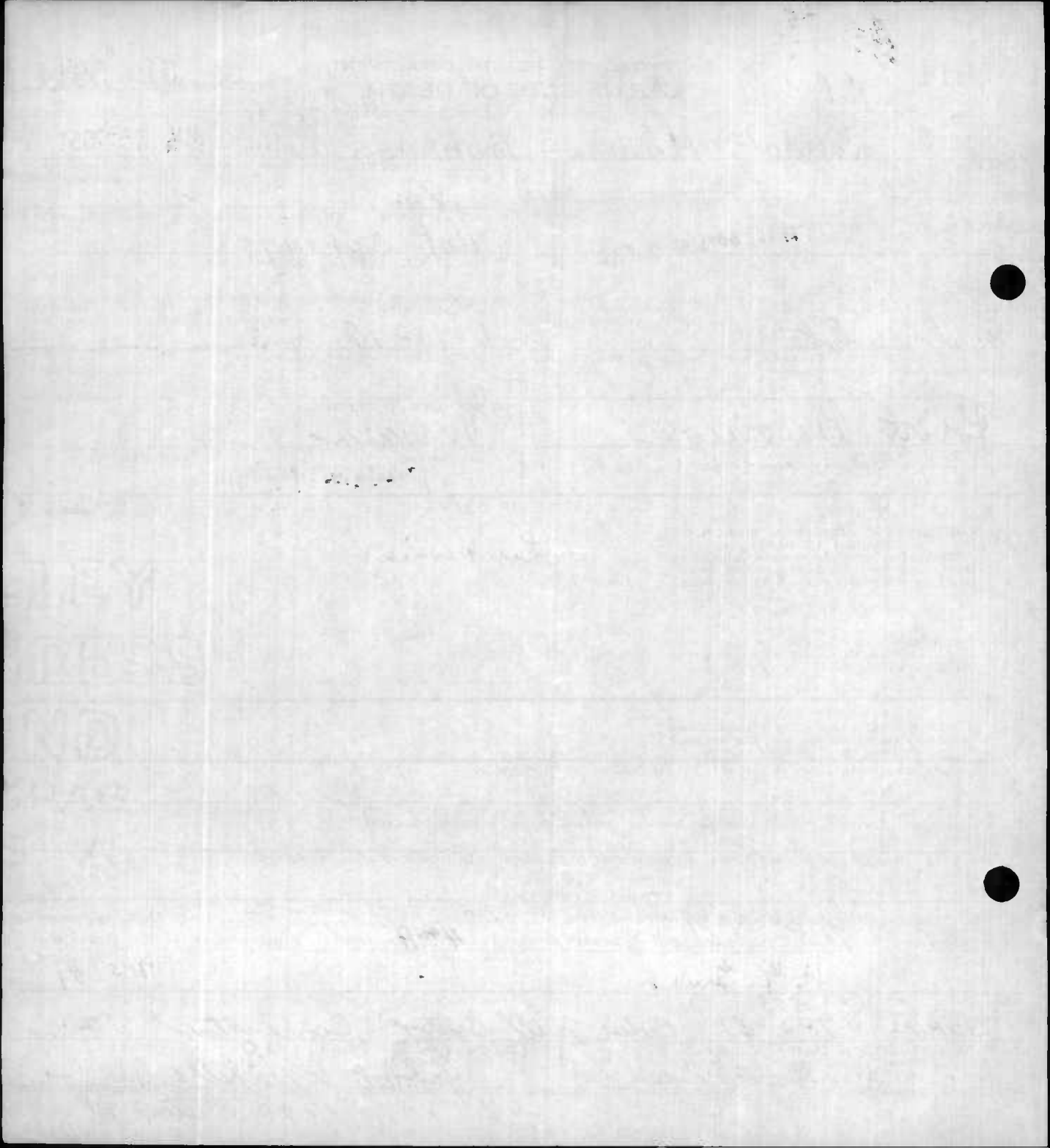
ADDRESS

JUL 5 - 1951

Huntington Williams, Jr.

John & Mitchell & Sons Inc.

1900 Eutaw Pl. 4a



51 5915

51-15183

51 5915

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **X**BIRTH NO. **8-423**1. NAME OF DECEASED
(Type or Print)*Baby Girl Slaughter*2. DATE
OF
DEATH*7-4-1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

ST. Agnes Hospital

C. CITY OR TOWN

*Baltimore**5300*

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1105. Gregory Ave. Balt.

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

7-3-1951

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11 46

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John A. Slaughter

14. MOTHER'S MAIDEN NAME

Rose Mary Pfister

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. *7625*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *stolectasis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *prematurity*

DUE TO

(C) *pre-eclampsia*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐HOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7-3*, 19*51*, to *7-4*, 19*51*, that I last saw the deceased alive on *7-4*, 19*51*, and that death occurred at *1:55* A. M., from the causes and on the date stated above.

23A. SIGNATURE

John J. Fisher

M. O.

23B. ADDRESS

St. Agnes Hosp

23C. DATE SIGNED

7-5-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

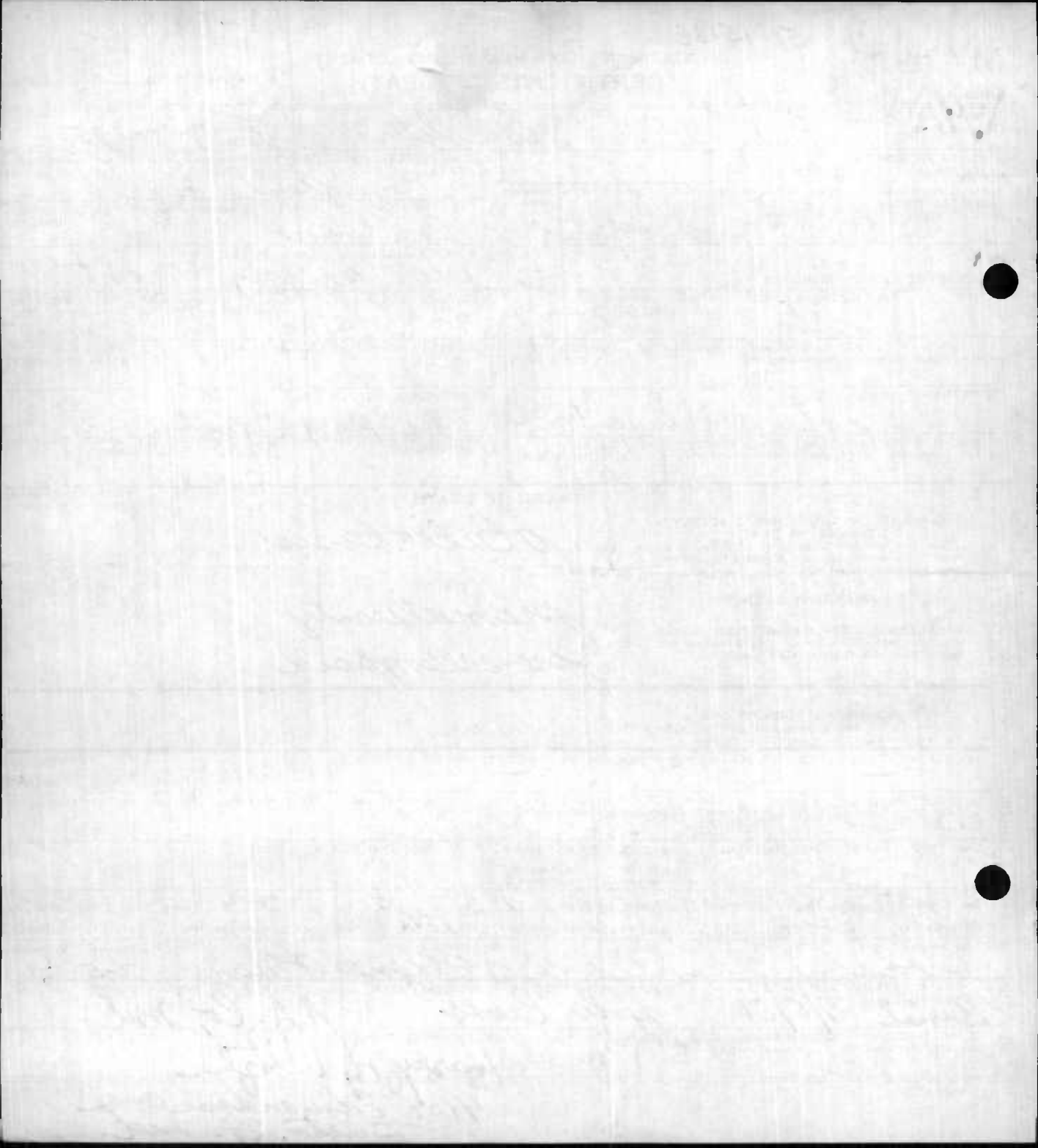
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Burial**7/5/51**Holy Cross**A.A. Co, Md.**JUL 5-1951**Harry H. Witke**Harry H. Witke**4101 Edmondson Ave*



630
51 5916 49-03362BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5916

1. NAME OF DECEASED (Type or Print) Sheila Howard		2. DATE OF DEATH July 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Great Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD - B. COUNTY -	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, MD	
D. STREET ADDRESS (If rural, give location) 916 W Baltimore		E. LENGTH OF STAY IN BALTIMORE 4.5 YEARS	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 2/13/49
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 2 1/2
11. BIRTHPLACE (State or foreign country) MD		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME William Howard		14. MOTHER'S MAIDEN NAME Dolores Boyer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mother		ADDRESS 916 W. Baltimore	

18. E885.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) Lead Poisoning
DUE TO
INTERVAL BETWEEN ONSET AND DEATH
3 Weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

CERTIFICATION APPROVED BY

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION CHIEF OR ASST. MEDICAL EXAMINER
20. AUTOPSY? YES ☐ NO ☒

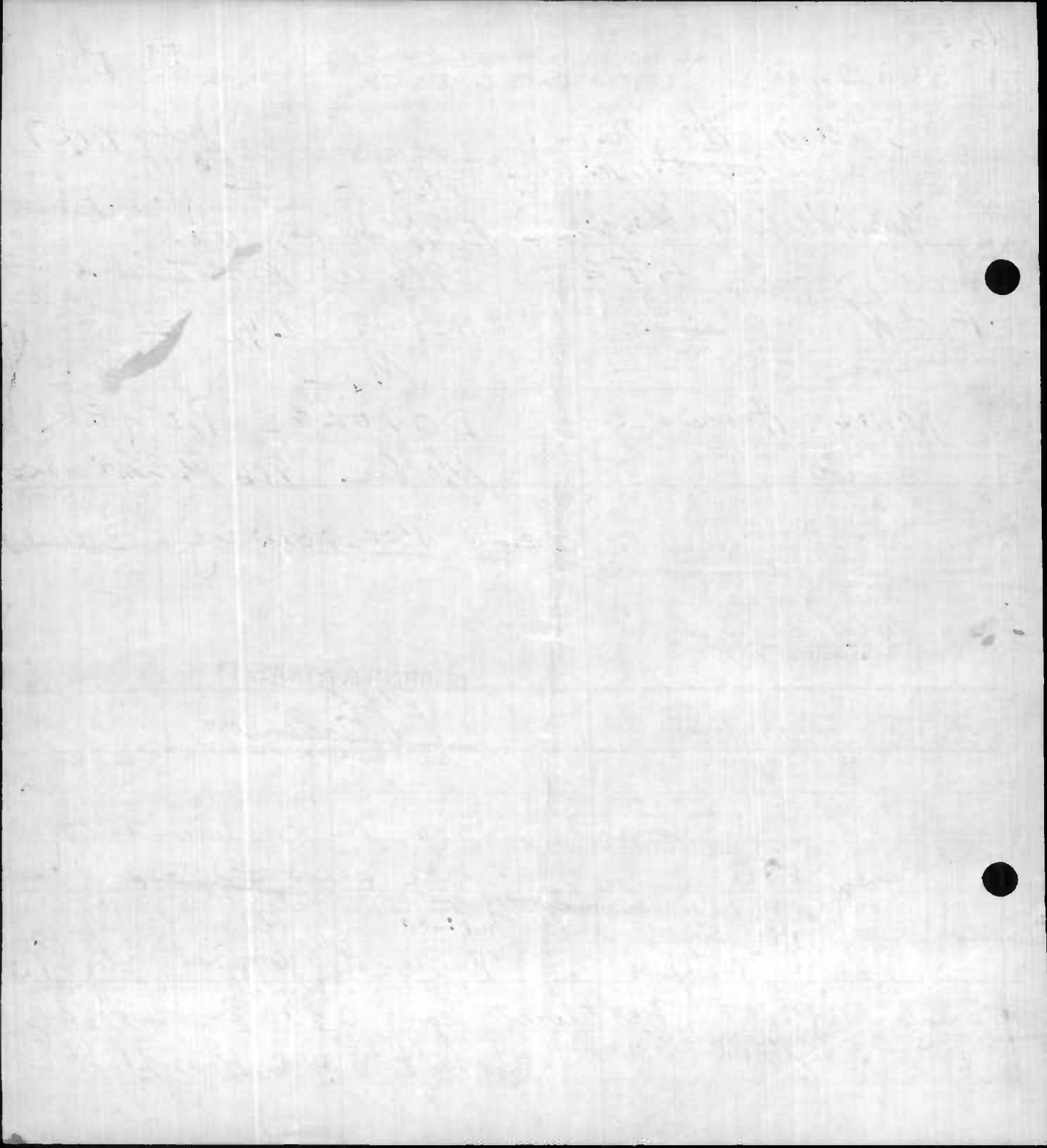
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 916 W. Baltimore St
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) June ? 1951	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? ute paint off Toys

22. I hereby certify that I attended the deceased from July 2, 1951, to July 4, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 1:20 P. M., from the causes and on the date stated above.

23A. SIGNATURE
Maurice E. Matthews M. D.
23B. ADDRESS
University Hospital
23C. DATE SIGNED
July 4, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/7/51	24C. NAME OF CEMETERY OR CREMATORY Mt Olivet Cem.	24D. LOCATION (City, town, or county) (State) 2930 Frederick Ave Baltimore, MD
---	---------------------	--	--

DATE RECEIVED BY JUL 5 - 1951 REGISTERAR'S SIGNATURE LOCAL REGISTRAR John Williams, M.D. FUNERAL DIRECTOR ADDRESS John E. Davidson Hollins



256. Freeman
11 W. 29th Street
51 3917

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5917
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Julia Degener

2. DATE
OF
DEATH July 3, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Edgewood Nursing Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2211 E. Lake Avenue

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Dec. 10, 1866

9. AGE (In years
last birthday)
84

10. Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry La Marty

14. MOTHER'S MAIDEN NAME

Frieda Hennessey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Lillian Degener, 2211 E. Lake

18. 470.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK

NOT WHILE
AT WORK

22. I hereby certify that I attended the deceased from April 8, 1951, to July 3, 1951, that I last saw the
deceased alive on July 2, 1951, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

7-6-51

Parkwood Cemetery

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

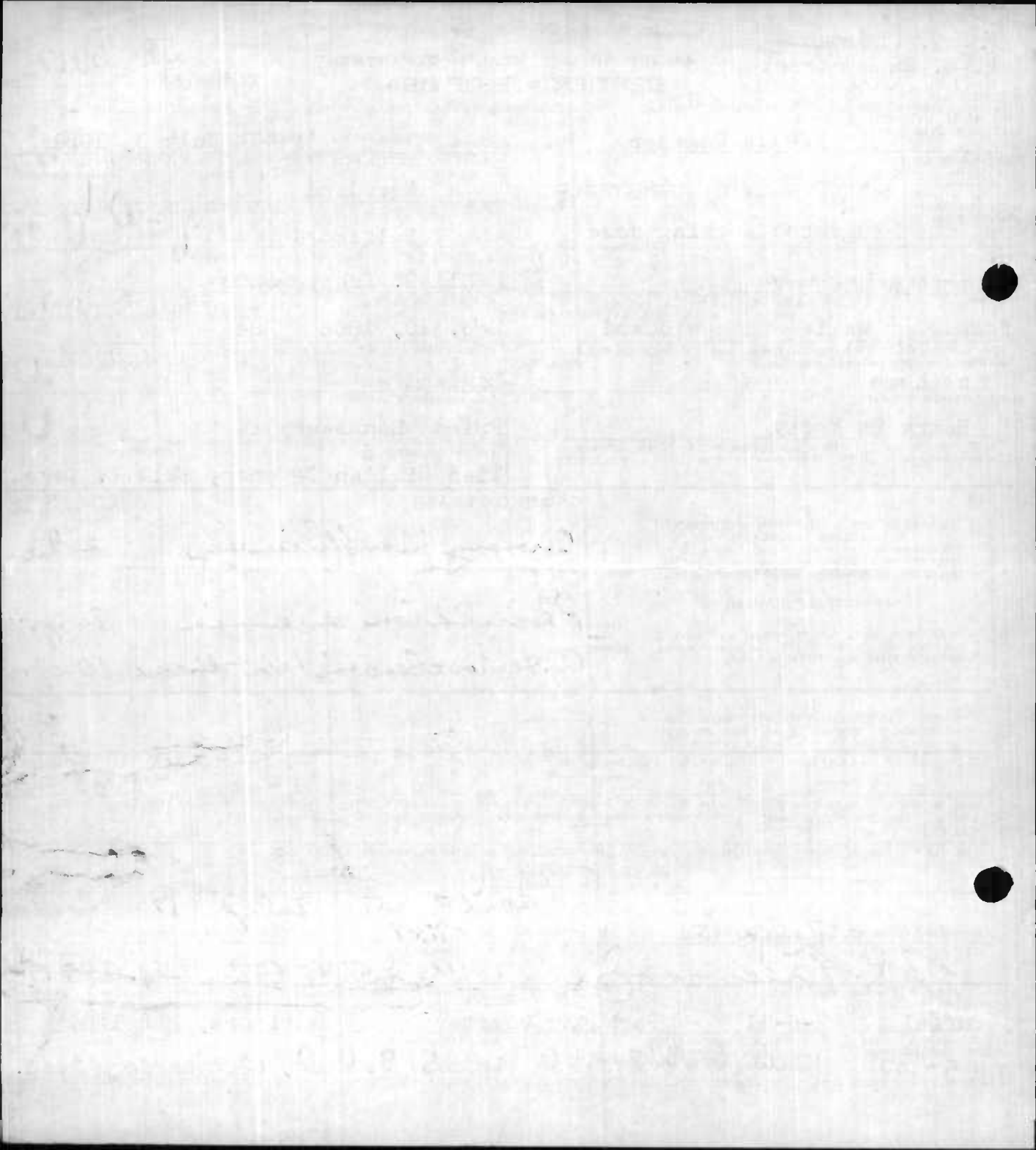
25. FUNERAL DIRECTOR

ADDRESS

JUL 5-1951

Wilmington, Delaware

Leo S. Ruck, 5305 Harford Road.



620
51 5918BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5918

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GROSS, BYRON C. (BRYAN)

2. DATE
OF
DEATH

7/2/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Provident

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

841 S. Paca

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11/26/42

9. AGE (In years
last birthday)

8

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School boy

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Orvis Gross

14. MOTHER'S MAIDEN NAME

Victoria Gross

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Queen V. Gross - 841 S. Paca St.

18.

002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Tuberculosis Meningitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Tuberculosis

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/28, 1951, to 7/2, 1951, that I last saw the
deceased alive on 7/2, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Holmes III, M. D.

23B. ADDRESS

Provident Hosp.

23C. DATE SIGNED

7/2/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7-6-51

24C. NAME OF CEMETERY OR CREMATORY

Arbutus

24D. LOCATION (City, town, or county)

Balto. Co. Md

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 5 - 1951

REGISTRAR'S SIGNATURE

John Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Samuel W. Sullivan Jr.

1011 N. Arlington Ave 13B

19-10-1940-2 10113-2441

10113-2441
10113-2441

10113-2441

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10113-2441

167519

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5919

Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) EDITH HARRIS		2. DATE OF DEATH July 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1643 Milliman Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 1643 Milliman Street	
Length of stay in Baltimore 5 1/2 Yrs. Mos. Days		8. DATE OF BIRTH Aug		9. AGE (In years last birthday) 66	
6. COLOR OR RACE Female Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitress	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitress		10B. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Balt's Md	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13. FATHER'S NAME Bushrod Pinkett		14. MOTHER'S MAIDEN NAME Martha Campher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS Martha Dixon 1614 Milliman	

18. 153 X CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the cecum with peritoneal metastases			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

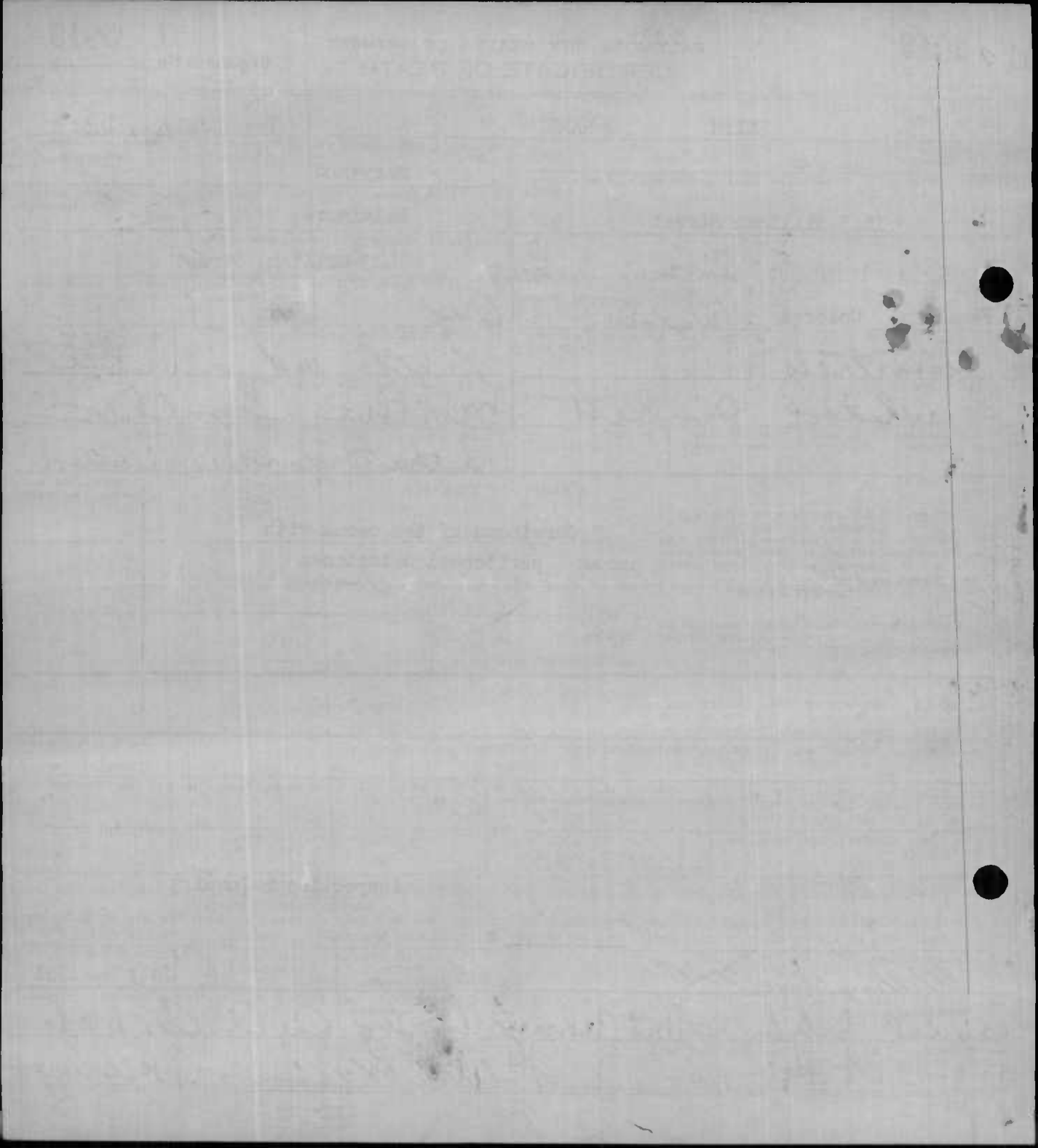
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE William Wood		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED July 3, 1951	
------------------------------------	--	---	--	--------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 6-1951		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery	
24D. LOCATION (City, town, or county) Ch. Co. Md.		24E. (State) _____		25. FUNERAL DIRECTOR Robert E. Williams	

DATE RECEIVED BY LOCAL REGISTRAR JUL 5-1951		REGISTRAR'S SIGNATURE William Wood		ADDRESS 155 Mc Elden	
--	--	---	--	-----------------------------	--



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5920**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William H. Wiegman		2. DATE OF DEATH July - 3 - 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1219 N. Patterson Pl. Ave.		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) B. COUNTY MD.	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1219 N. Patterson Pl. Ave		E. DATE OF BIRTH Nov. 25 - 1864	
F. SEX Male		G. AGE (In years, last birthday) 86	
H. COLOR OR RACE White		I. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
J. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Referee		K. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co.	
L. BIRTHPLACE (State or foreign country) Pa.		M. CITIZEN OF WHAT COUNTRY? Pa.	
N. FATHER'S NAME August Wiegman		O. MOTHER'S MAIDEN NAME Unknown	
P. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		Q. SOCIAL SECURITY NO. 214-10-0130	
R. INFORMANT Emma Wiegman		S. ADDRESS 1219 N. Patterson Pl. Ave	

15. CAUSE OF DEATH 196X		16. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) fracture of lower jaw		17. INTERVAL BETWEEN ONSET AND DEATH 9 months	
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II		19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept. 19, 1950**, to **July 2, 1951**; that I last saw the deceased alive on **July 2, 1951**, and that death occurred at **9:44 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Wm. J. Schmitz** M. D. 23B. ADDRESS **701 N. Kenwood Ave.** 23C. DATE SIGNED **July 4 - 51**

24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE 7-6-1951		24C. NAME OF CEMETERY OR CREMATORY Moreland Men Park		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR Jan 5 - 1951		REGISTRAR'S SIGNATURE John C. Phillips		FUNERAL DIRECTOR John C. Phillips		ADDRESS 2435 E. Oliver St	

Dr. J. H. H. H.
701 N. Genwood St.

VALLEY

CONCRETE

WORKS

532
51 5921BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5921

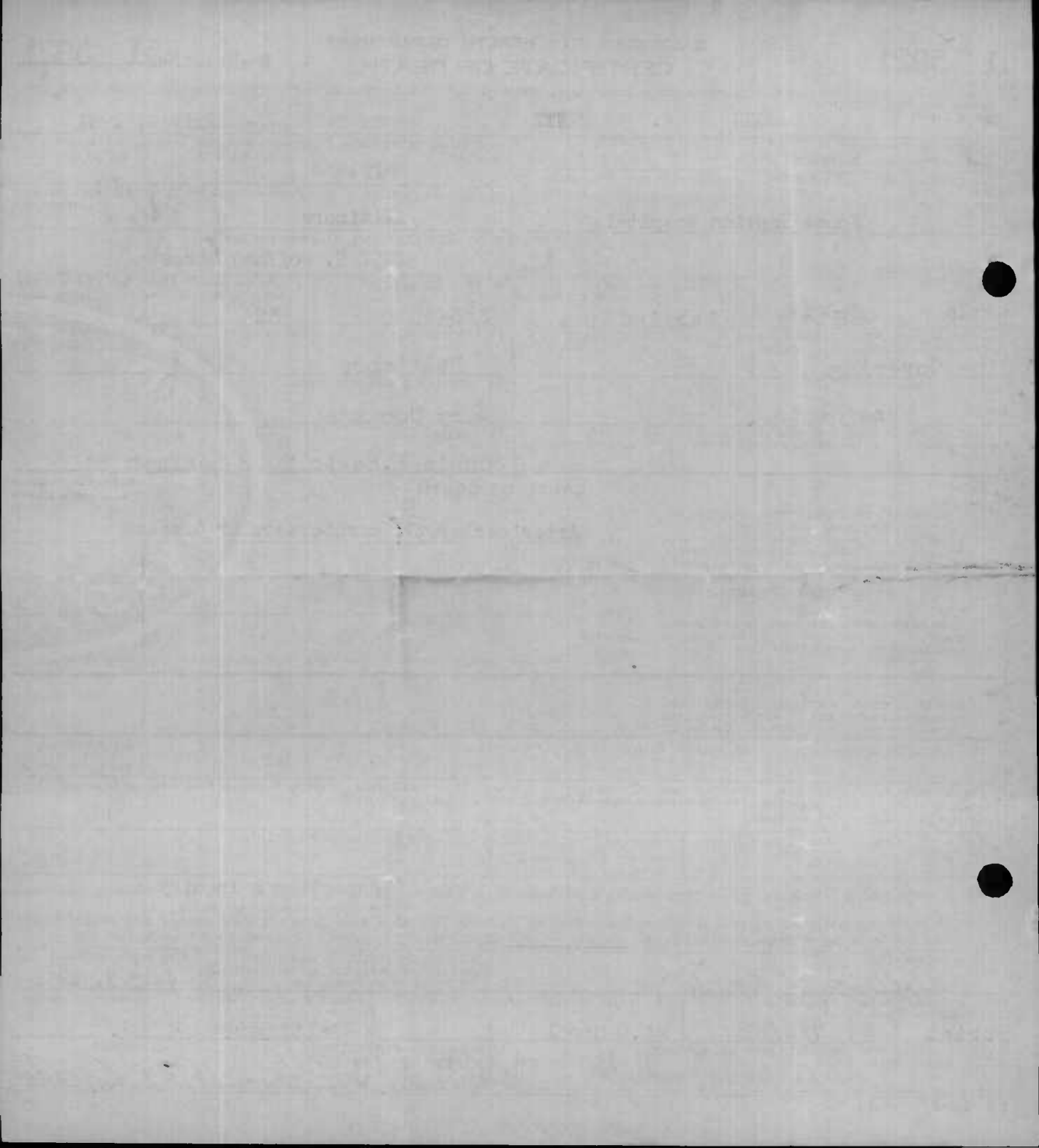
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN E. BENTZ		2. DATE OF DEATH July 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2052 E. Hoffman Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/3/99
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe Covering		9. AGE (In years last birthday) 52	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME Baze Bentz		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Mary Cooksie	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Sophia H. Bevtz 2052 Hoffman St	

18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. Lord</i>		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER		23C. DATE SIGNED July 3, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/6/51		24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>William V. Lord</i>		24D. LOCATION (City, town, or county) (State) Baltimore Md.	

V5 1515-1951
62024
931



BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

DOWDY

Registered No.

July 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1719 N. Caroline Street

Length of stay in Baltimore Life

Yrs.
Mos.
Days

SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/27/1888

9. AGE (In years last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Packer

10B. KIND OF BUSINESS OR INDUSTRY

Balto. Signal Corp- Balto. Md

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

GEN. ADJE(R)

14. MOTHER'S MAIDEN NAME

Floise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W.#1

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Rosa Dowdy(W) 1719 N. Caroline St.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Cooper

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/6/51

24C. NAME OF CEMETERY OR CREMATORY

Balto. Nat'l. Cem. & Balto. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Chas. G. Cooper

25. FUNERAL DIRECTOR

ADDRESS

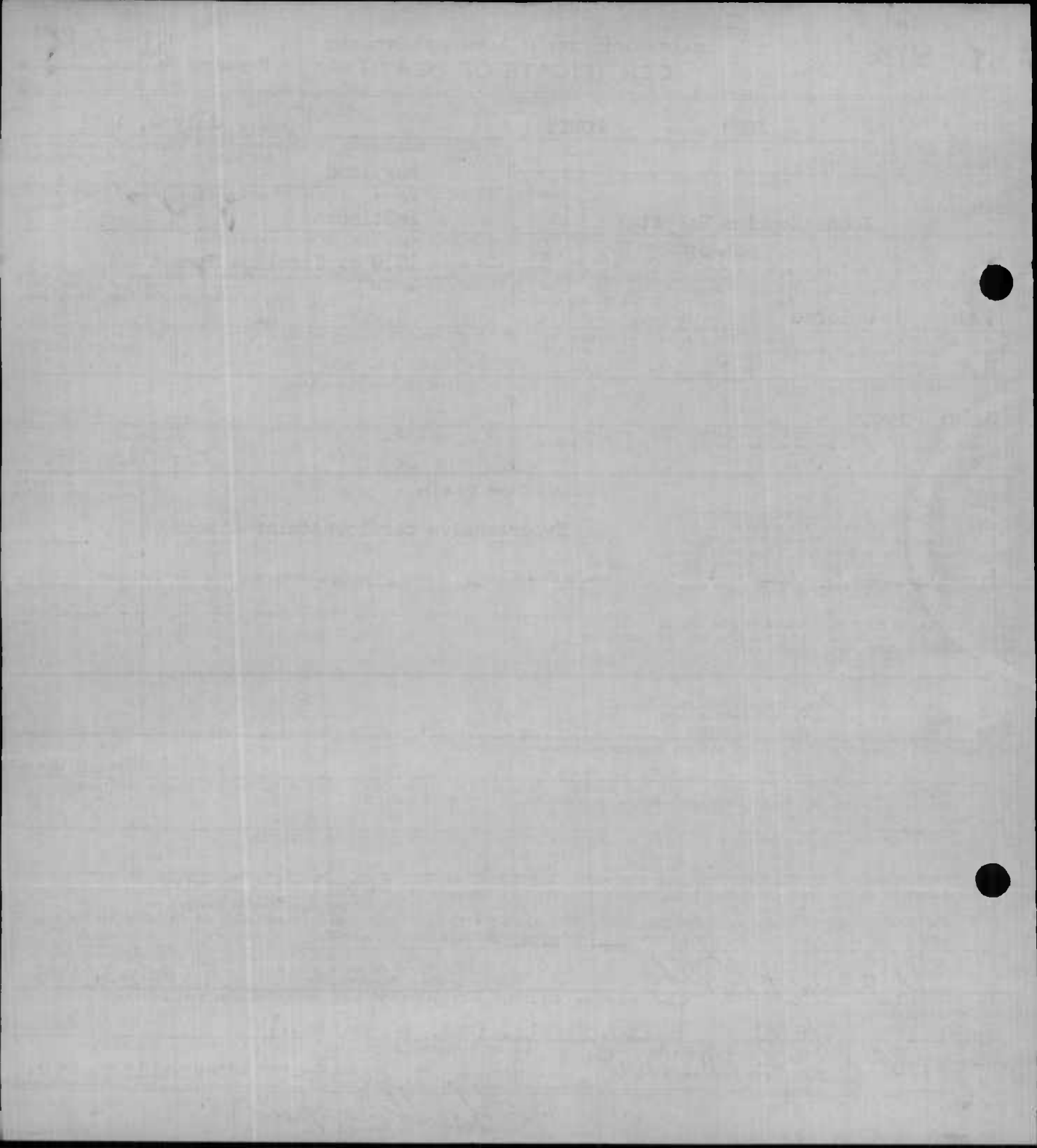
Chas. G. Cooper-512 Carrollton Ave.

VS 151

69062 Chas H Cooper

937

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5923

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE ANDREW MEIFARTH

2. DATE
OF
DEATH July 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1613 East 30th Street

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1613 E. 30th Street

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 20, 1886

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Craftsman

10B. KIND OF BUSINESS OR
INDUSTRY

Trippe Sup. Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Henry Meifarth

WELDING TIPS

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Lois Meifarth 1613 E. 30th St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

Sudden

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Arterio Sclerotic Cardio

3 April

Vascular Disease with Hypertension

1941

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 April, 1951, to 4 July, 1951, that I last saw the
deceased alive on 3 July, 1951, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/7/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

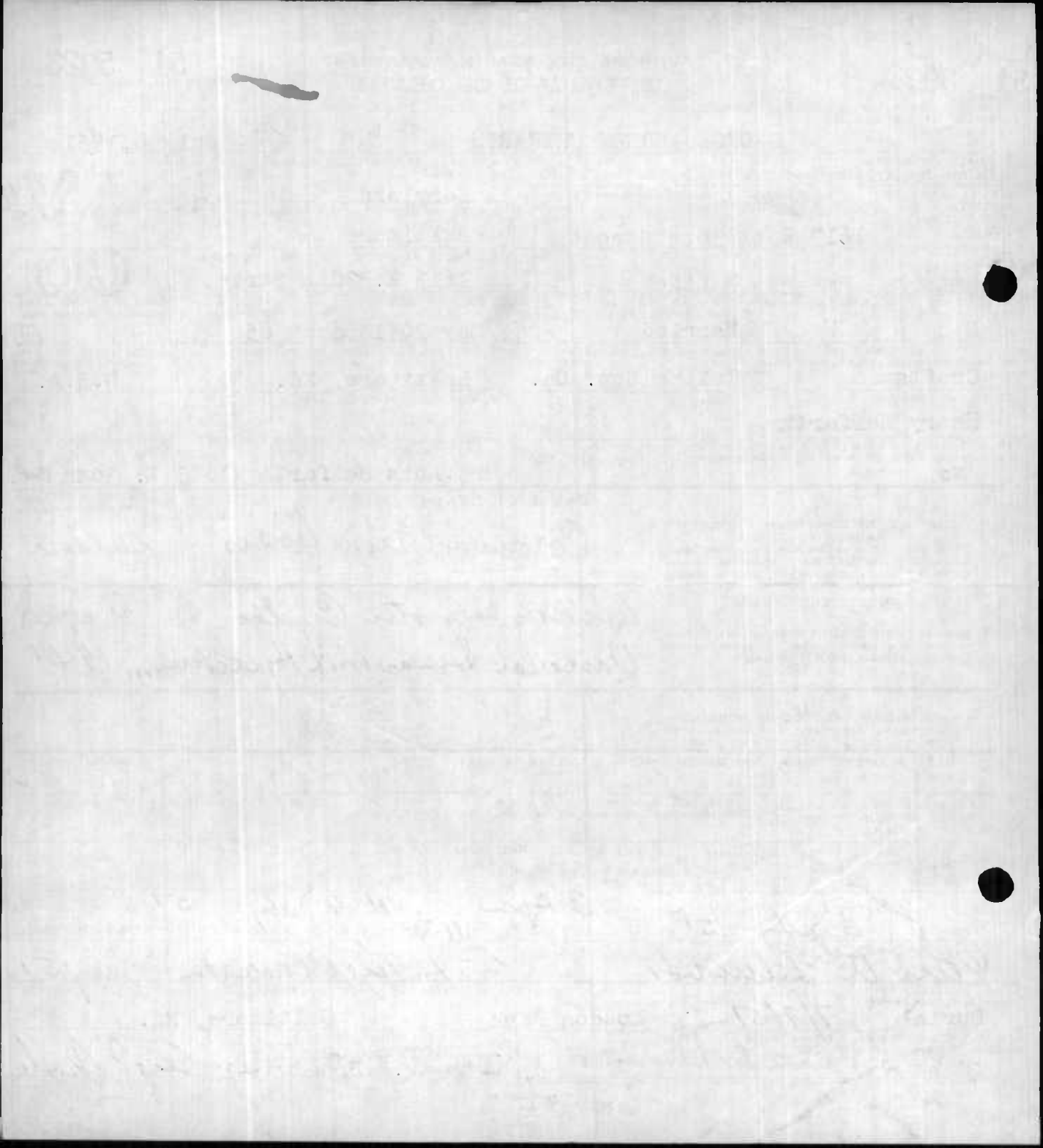
ADDRESS

JUL 5 - 1951

H. Sander & Sons, Inc.

North Av. & Broadway

13 Sept 8 1951



520 51 5924

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5924
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BARBARA Johns

2. DATE
OF
DEATH

JULY 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HLH

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

Queen Anne

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

STEVENSVILLE

D. STREET ADDRESS (If rural, give location)

6700

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

FEMALE COLORED

SINGLE

6-27-47

4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

WALTER BURT

14. MOTHER'S MAIDEN NAME

Bessie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

353.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Status convulsivus

Ths

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Epilepsy

2 1/2 yrs

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 7-2-1951, to 7-2-1951, that I last saw the deceased alive on 7-2-1951, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. L. Barling

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7-2-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 6 - 1951

W. L. Barling

J. B. Johnson, Annapolis

VS 150

85

MEDICAL CERTIFICATION

1000 2500

425 51 5925

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5925
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATHERINE BOYD MULLIGAN

2. DATE
OF
DEATH

July 2nd, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

415 East 22nd Street

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-04D. STREET ADDRESS (If rural, give location)
415 E. 22nd St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

1879

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore Co.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

T. Boyd

14. MOTHER'S MAIDEN NAME

Katherine Hines

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
415 E. 22nd St.
Mrs. Catherine Storck

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1951, to July 2, 1951, that I last saw the
deceased alive on July 2, 1951, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas J. White

M. D.

23B. ADDRESS

3109 Greenmount Ave

23C. DATE SIGNED

July 3-1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/6/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Maria Cem

24D. LOCATION (City, town, or county) (State)

Towson, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wiedefeld & Son

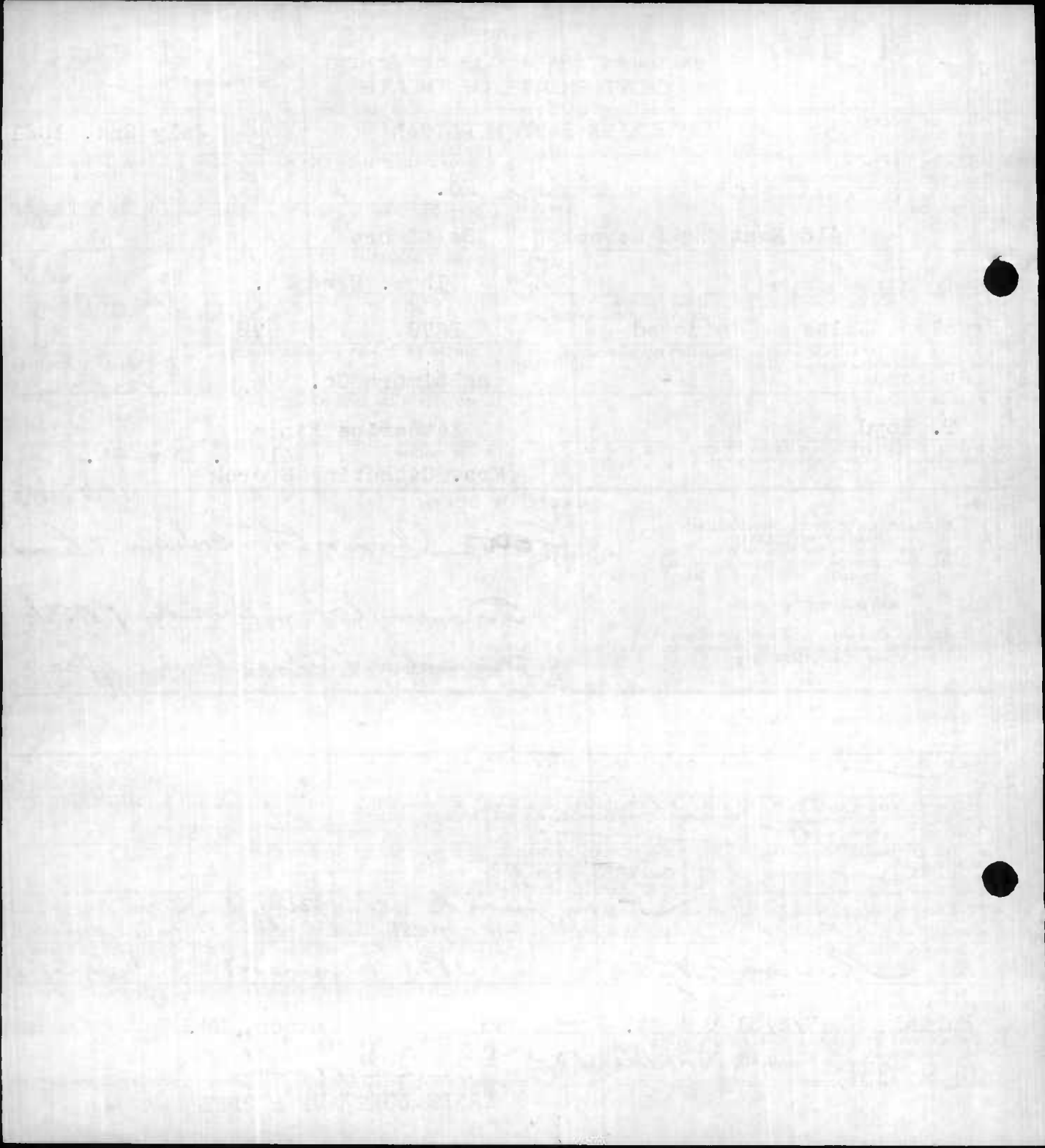
ADDRESS

WIEDEFELD & SON
GREENMOUNT AVE & 22ND

VS 150

94a

MEDICAL CERTIFICATION
correct age is especially important - report same - please



51 5926

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5926

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Dr ABRAHAM SAMUEL SHPRITZ		2. DATE OF DEATH July 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3121 Sequoia Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-11	
D. STREET ADDRESS (If rural, give location) 3121 Sequoia Avenue		E. LENGTH OF STAY IN BALTIMORE 47 Yrs	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist Surgeon		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 65
13. FATHER'S NAME Harry Shpritz		11. BIRTHPLACE (State or foreign country) Russia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Esther Horwitz	
17. INFORMANT Mrs Lillian Shpritz		ADDRESS 3121 Sequio Ave	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary occlusion	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

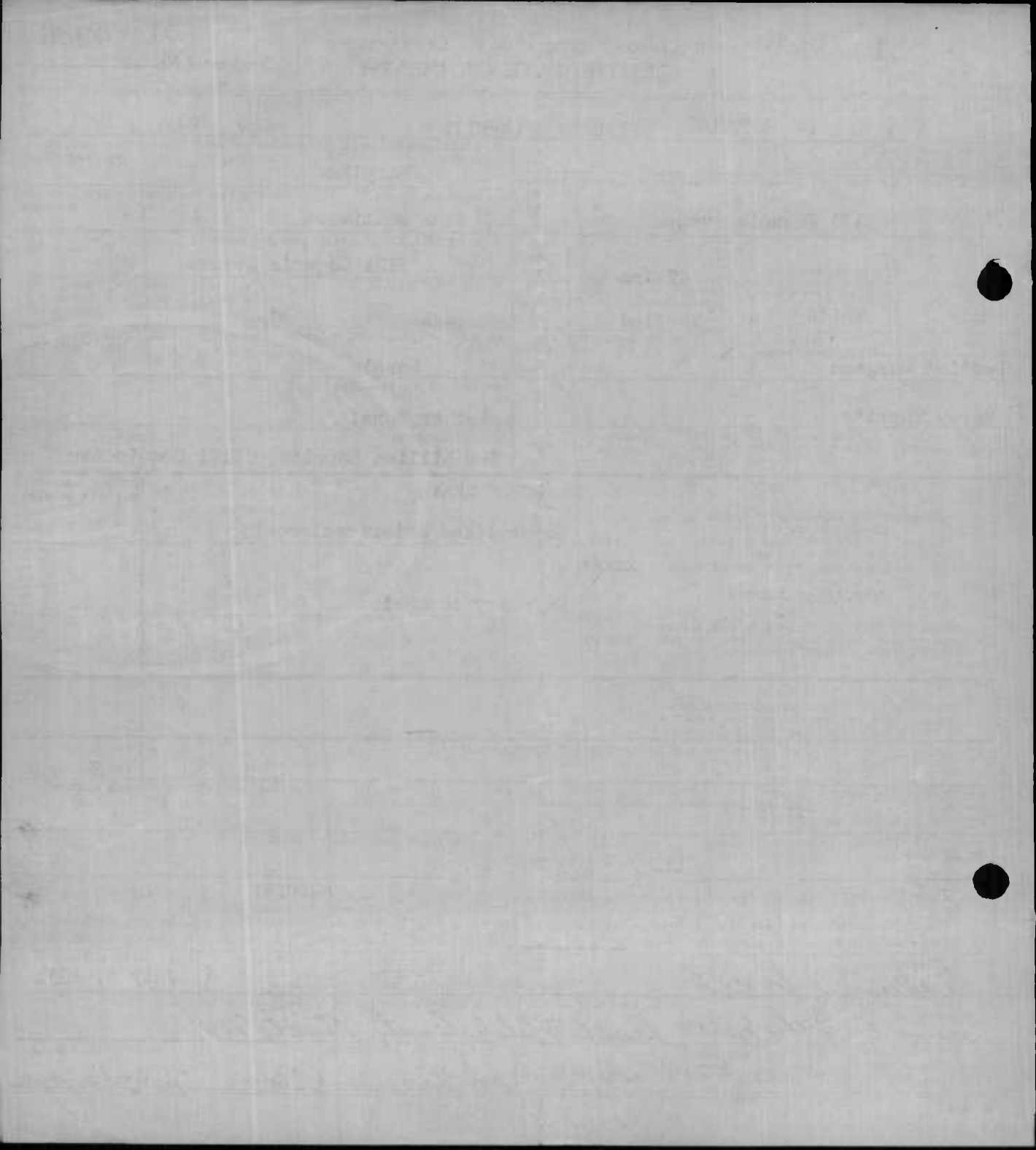
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE **William W. L. [Signature]** M.D. 23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ 23C. DATE SIGNED **July 5, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **July 6, 1951** 24C. NAME OF CEMETERY OR CREMATORY **Beth Elshoh Emety** 24D. LOCATION (City, town, or county) (State) **Balto Md**

DATE RECEIVED BY LOCAL REGISTRAR **JUL 6 - 1951** REGISTRAR'S SIGNATURE **William W. L. [Signature]** 25. FUNERAL DIRECTOR **Sol [Signature]** ADDRESS **1126 W North ave**



163

51 5927

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5927

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Abraham Alade Roberts

2. DATE
OF
DEATH

7-2-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

517 W. Lanvale St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE 512 Robert Lanvale St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md. 17-02

D. STREET ADDRESS (If rural, give location)

517 W Lanvale

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 1879

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR
INDUSTRY

Trust Co. Bldg.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Minnie Roberts 517 W. Lanvale

18. 334X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 6/26, 1951, to 7/2, 1951, that I last saw the
deceased alive on 7/2, 1951, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

B. M. Roberts Sr.

23B. ADDRESS

2135 D. Hill St.

23C. DATE SIGNED

7-3-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7-6-51

24C. NAME OF CEMETERY OR CREMATORY

Hosanna Cemetery

24D. LOCATION (City, town, or county)

Darlington, Harford Co., Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. Biddle S.

25. FUNERAL DIRECTOR

ADDRESS 578

W. Biddle S.

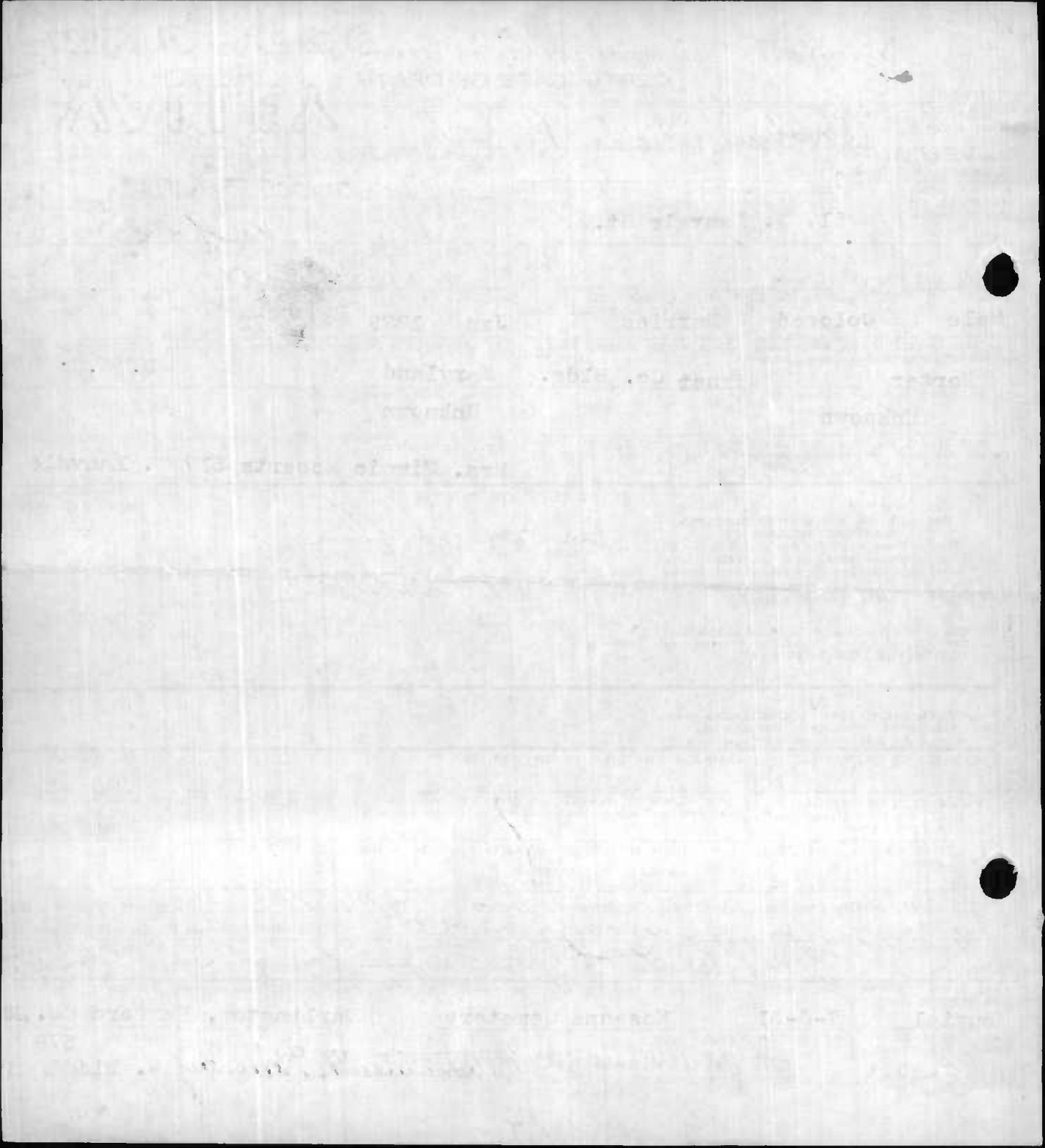
JUL 6 - 1951

VS 150

78074

83a

MEDICAL CERTIFICATION



162
51 5928BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARY ABERCRUMBIE		2. DATE OF DEATH July 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 814 George St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-03	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 814 George St.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 30, 1885
9. AGE (In years last birthday) 66		If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13. FATHER'S NAME John Booze		14. MOTHER'S MAIDEN NAME Catherine Dyson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mrs. Fannie Dawson		ADDRESS 814 George St.	

1B. 434.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pericarditis and Arthritis DUE TO _____ (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH 6 weeks
--	--

19A. DATE OF OPERATION May 30		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 30 , 1951, to July 4 , 1951, that I last saw the deceased alive on July 3, 1951 , and that death occurred at 12:50 A. M. , from the causes and on the date stated above.				
23A. SIGNATURE Dr. J. B. Steiner		23B. ADDRESS 632 Lombard St.		23C. DATE SIGNED July 5, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7-7-51	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUL 6 - 1951	REGISTRAR'S SIGNATURE Wm. J. Williams	FUNERAL DIRECTOR Wm. J. Williams	
ADDRESS 578 N. Middle St.			

1941, 1942

1943, 1944

1945, 1946

1947, 1948

1949, 1950

1951, 1952

1953, 1954

1955, 1956

1957, 1958

1959, 1960

1961, 1962

1963, 1964

1965, 1966

1967, 1968

1969, 1970

1971, 1972

1973, 1974

1975, 1976

1977, 1978

1979, 1980

1981, 1982

1983, 1984

1985, 1986

1987, 1988

1989, 1990

1991, 1992

1993, 1994

1995, 1996

1997, 1998

1999, 2000

2001, 2002

2003, 2004

2005, 2006

2007, 2008

2009, 2010

2011, 2012

2013, 2014

2015, 2016

2017, 2018

320 51 5929

51 5929

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM F. MATTHIAS

2. DATE OF DEATH **Thur. July 5, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

108 W. Ostend St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

23-01

D. STREET ADDRESS (If rural, give location)

108 W. Ostend St.

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 24, 1891

9. AGE (In years last birthday)

59

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pipe Fitter

10B. KIND OF BUSINESS OR INDUSTRY

Public Utilities

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Matthias

GAS - ELEC.

14. MOTHER'S MAIDEN NAME

Rachael Quarle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

Yes

World War II (one)

16. SOCIAL SECURITY NO.

212-05-4599

17. INFORMANT Mrs. Mary Brodt ADDRESS (Sister)
Fork, Glen Arm, Harford Co., Md.

18.

146X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Anoxia from suffocation
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma, Naso Pharynx
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 1950, to July, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

July 9, 1951

Western Cemetery

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 6 - 1951

W. F. Williams, M.D.

C. J. Bowers & Evans

VS 150

1400 S. Charles St., Baltimore 30, Md.

5745E

45F

MEDICAL CERTIFICATION

WATER
CONCRETE
FOND
10/10/10

51 5930

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5930

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie R Appel

2. DATE
OF
DEATH

July 4 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTE location)Ardleigh Nursing Home
Irish & Parkdale Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 13-08

D. STREET ADDRESS (If rural, give location)

3615 Bena Vista Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
Month; Days)If Under 1 Year
Hours Min.

Female White

Widow.

Unknown

about 84

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Francis Ford 3576 Poole St

18. 4 yr 11

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive Heart Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis C.V.H.D

DUE TO

(C) Generalized Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from June 20, 1950, to July 4th, 1951, that I last saw the
deceased alive on July 4, 1951, and that death occurred at 8:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 6 - 1951

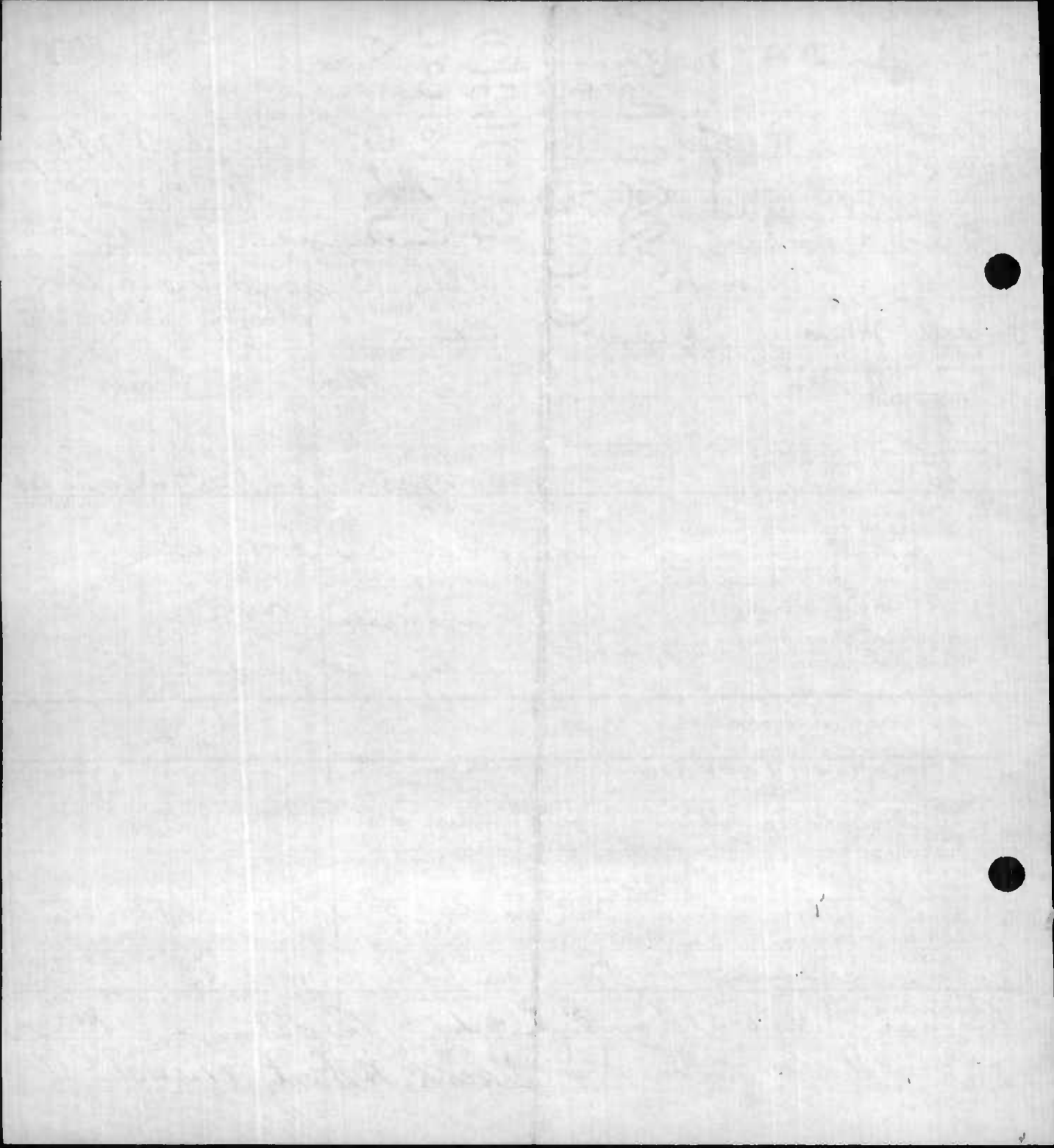
Lorraine Park

Baltimore Md

VS 150

93)

correct age is especially important. Physicians, please write



500
51 5931BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5931

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Violet Quinn

2. DATE
OF
DEATH

July 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Cpl 4

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHN HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if in institution: residence before admission)

A. STATE

Md

B. COUNTY

23-01

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

919 Plum Alley

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Laman Quinn

Eunice Mason

18. 42221

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocarditis of undetermined origin.

About 6 months

ANTECEDENT CAUSES

(B) DUE TO
(C) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 7-2-1951 to 7-4-1951, that I last saw the deceased alive on 7-4-1951, and that death occurred at 1:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

J. A. Williams M. D.

JOHN HOPKINS HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24E. DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 6 - 1951

J. A. Williams, M.D.

J. L. Brown & Son, Montgomery St.

James 1/8/21 Not Paid any of it. 100.00
The Crown of the Mountains

655
51 5932BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5932

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha Brown Sherman

2. DATE
OF
DEATH

July 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 825 E. Belvidere Ave.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, 27-48

D. STREET ADDRESS (If rural, give location)

825 E. Belvidere Ave.

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

May 15, 1879

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Retired Stenographer10B. KIND OF BUSINESS OR
INDUSTRY
?

11. BIRTHPLACE (State or foreign country)

Phila. Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Richard B. Brown

14. MOTHER'S MAIDEN NAME

Emily

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Arthur F. Timmins 825 E. Belvidere Ave.

18.

1951
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma of ovary
DUE TOINTERVAL BETWEEN
ONSET AND DEATH

18 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1951, to July 6, 1951, that I last saw the deceased alive on July 5, 1951, and that death occurred at 6:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Franklin E. Leslie

M. D.

23B. ADDRESS

1101 St. Paul St.

23C. DATE SIGNED

July 6, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

July 9, 1951

24C. NAME OF CEMETERY OR CREMATORY

Arlington

24D. LOCATION (City, town, or county)

Drexel Hill, Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Franklin E. Leslie

25. FUNERAL DIRECTOR

ADDRESS

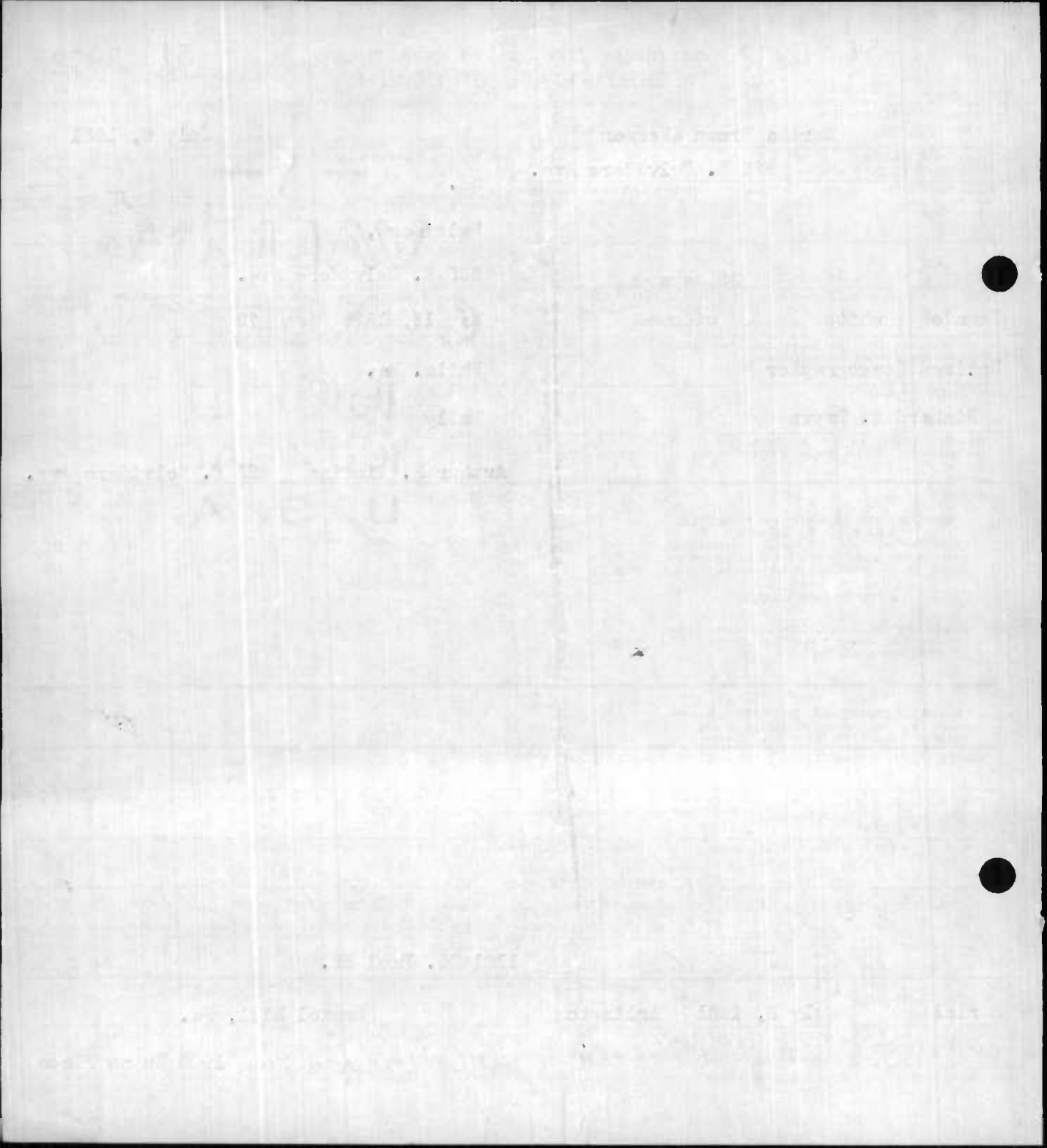
John O. Mitchell & Son Inc. 1900 Eutaw Place

VS 150

Dr. Leslie

35099

49a



320 51 5933

51 5933

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Joseph M. Madejski</i>		2. DATE OF DEATH <i>July 4 1951</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>237 S. Ann Street</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 2-02</i>	
5. Length of stay in Baltimore <i>55 years</i>		D. STREET ADDRESS (If rural, give location) <i>237 S. Ann Street</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>March 2 1881</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shoe maker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Self employed</i>	9. AGE (In years last birthday) <i>70</i>
11. BIRTHPLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>George Madejski</i>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Finances Smith</i>		ADDRESS <i>237 S. Ann St</i>	

18. <i>470.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>acute</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Coronary Atherosclerosis</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

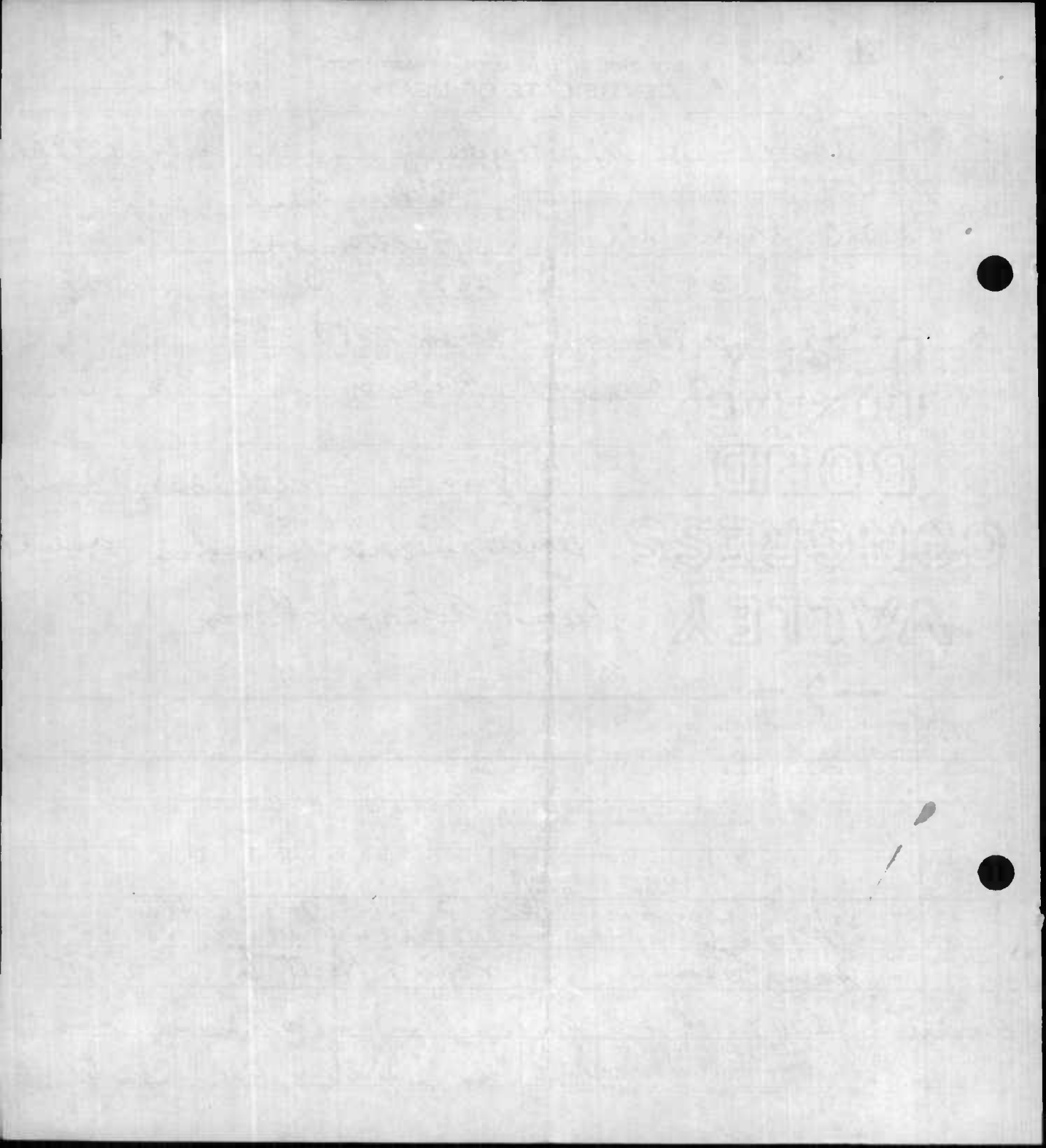
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
---	---	----------------------------

22. I hereby certify that I attended the deceased from *July 3*, 19*51*, to *July 4*, 19*51*, that I last saw the deceased alive on *July 3*, 19*51*, and that death occurred at *3:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Maec Temples</i>	23B. ADDRESS <i>room 5 Pull B</i>	23C. DATE SIGNED <i>7/5/51</i>
---------------------------------------	--------------------------------------	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 7 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary Cmn</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore County</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 6 - 1951</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>John M. Weber</i>	ADDRESS <i>401 S. Chester St</i>



235 51 5934

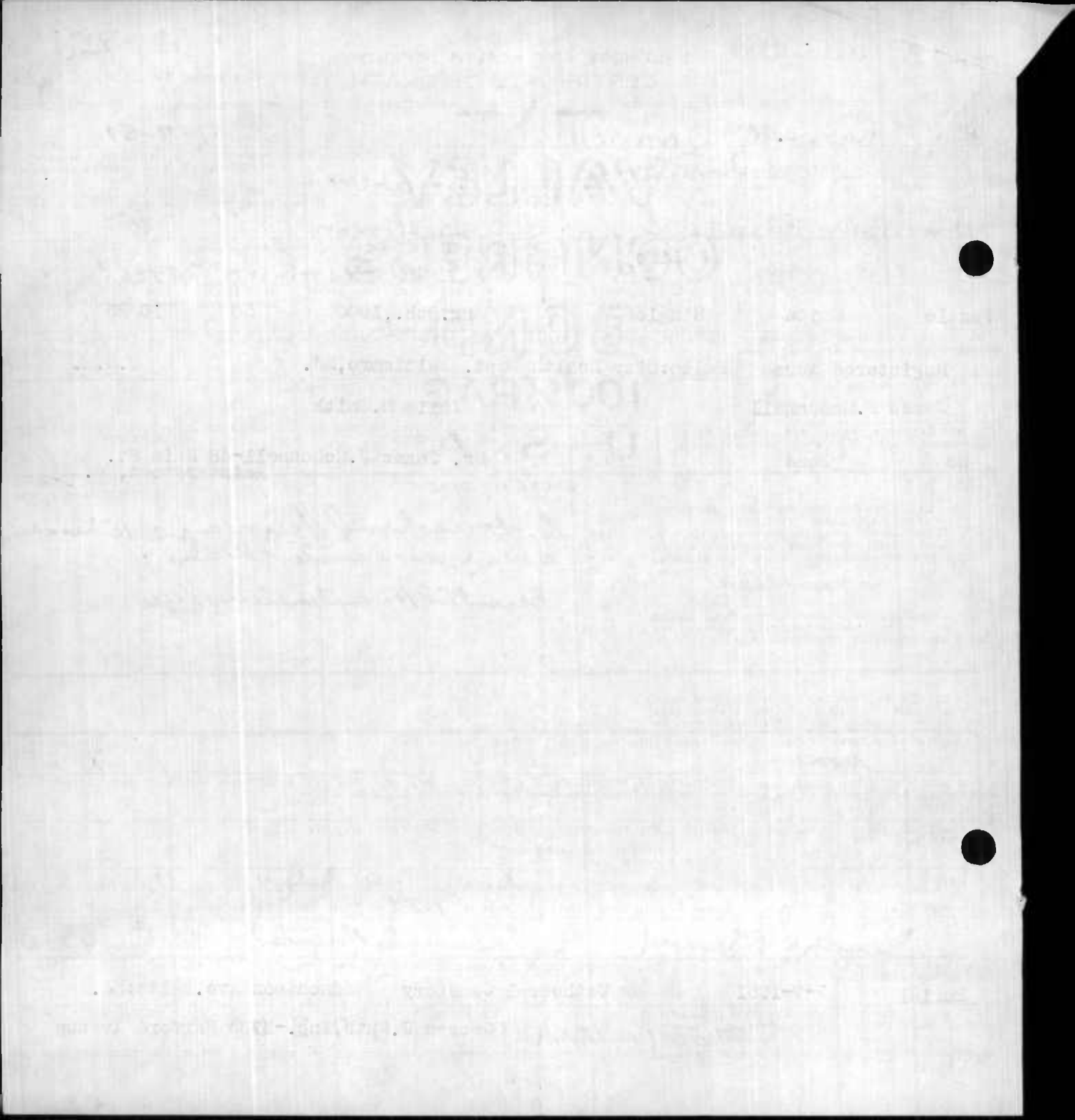
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5934

Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Rose B. Mc Donnell			2. DATE OF DEATH 7-4-51			
3. PLACE OF DEATH: A. Baltimore City, Maryland Univ. Hosp.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY						
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-01						
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1 W. Franklin Street						
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Aug. 9th., 1900		9. AGE (In years last birthday) 50		10. Under 1 Year 10 Months	11. Under 24 Hours 25 Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse			10B. KIND OF BUSINESS OR INDUSTRY Balto: City Health Dept.			11. BIRTHPLACE (State or foreign country) Dept. Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James P. McDonnell			14. MOTHER'S MAIDEN NAME Julia E. Smith			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. ?			17. INFORMANT Mr. James J. McDonnell-48 Main St. Reisterstown Md.			ADDRESS
18. 330X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subarachnoid Hemorrhage DUE TO aneurysm coils of Willis ANTECEDENT CAUSES Essential Hypertension 15 yrs DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH 15 hrs 20 min			
19A. DATE OF OPERATION none			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 4 , 19 51 , to July 4 , 19 51 , that I last saw the deceased alive on July 4 , 19 51 , and that death occurred at 1020 P.M. , from the causes and on the date stated above.									
23A. SIGNATURE Joseph C. Fitzgerald			23B. ADDRESS University Hospital			23C. DATE SIGNED July 4, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 7-7-1951			24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery			
24D. LOCATION (City, town, or county) Edmondson Ave. Balto: Md.			24E. STATE (State)			25. FUNERAL DIRECTOR George J. Ruth			
DATE RECEIVED BY LOCAL REGISTRAR JUL 6 - 1951			REGISTRAR'S SIGNATURE Huntington Williams, M.D.			ADDRESS 1335 Harford Avenue			

MEDICAL CERTIFICATION



51 5935
200BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5935
Registered No. _____

BIRTH NO. _____

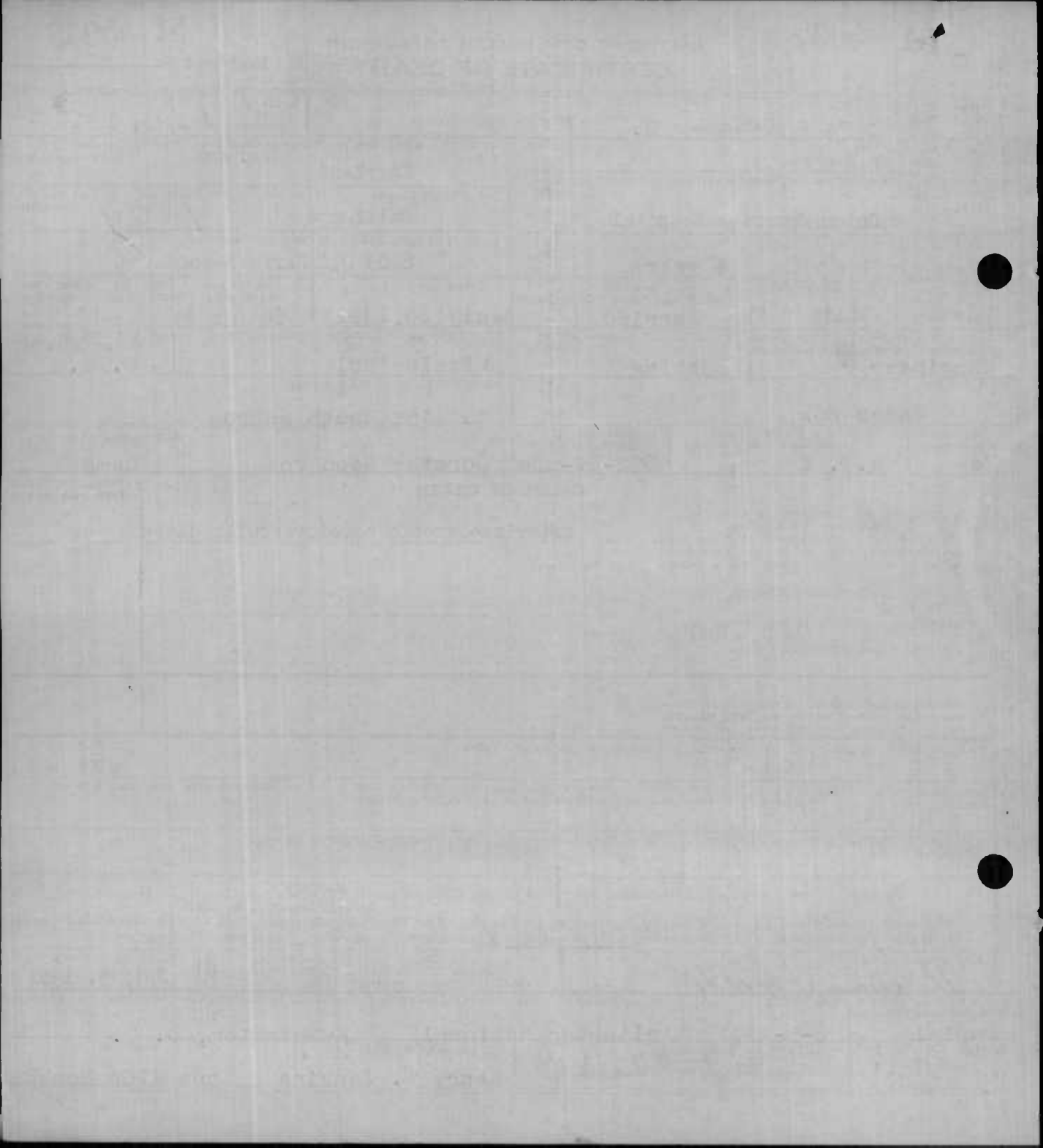
1. NAME OF DECEASED (Type or Print) CARROLL C. FOX		2. DATE OF DEATH July 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-07	
Length of stay in Baltimore 4 years		D. STREET ADDRESS (If rural, give location) 6203 Old Harford Road	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 30, 1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10B. KIND OF BUSINESS OR INDUSTRY Heating	9. AGE (In years last birthday) 58 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME James Fox		14. MOTHER'S MAIDEN NAME Adeline Booth Hebron	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W.W. I		16. SOCIAL SECURITY NO. 072-09-2649	
17. INFORMANT Dorothy Wood Fox		ADDRESS Same	

MEDICAL CERTIFICATION

18. 477-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH Arteriosclerotic cardiovascular disease INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William W. Jenkins		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D. Henry W. Jenkins & Sons	
23C. DATE SIGNED July 5, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-9-1951	
24C. NAME OF CEMETERY OR CREMATORY Arlington National		24D. LOCATION (City, town, or county) (State) Washington, D. C.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 6 - 1951		REGISTRAR'S SIGNATURE Henry W. Jenkins & Sons	
25. FUNERAL DIRECTOR Henry W. Jenkins & Sons		ADDRESS 4905 York Rd	

04624

93D ✓



236 51 5936

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5936
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM F. FOSTER

2. DATE
OF
DEATH

July 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Hood Nursing Home
5313 Edmondson Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3800 Grantley Rd.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Apr. 25, 1866

9. AGE (in years
last birthday)

85

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Engineer (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William J. Foster

14. MOTHER'S MAIDEN NAME

Mary Campbell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Edgar F. Foster - 3800 Grantley Rd.

18. 4 yr. 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Perniciou's Anemia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Dec. 1950, to July 5, 1951 that I last saw the
deceased alive on June 30, 1951 and that death occurred at 8:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/7/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

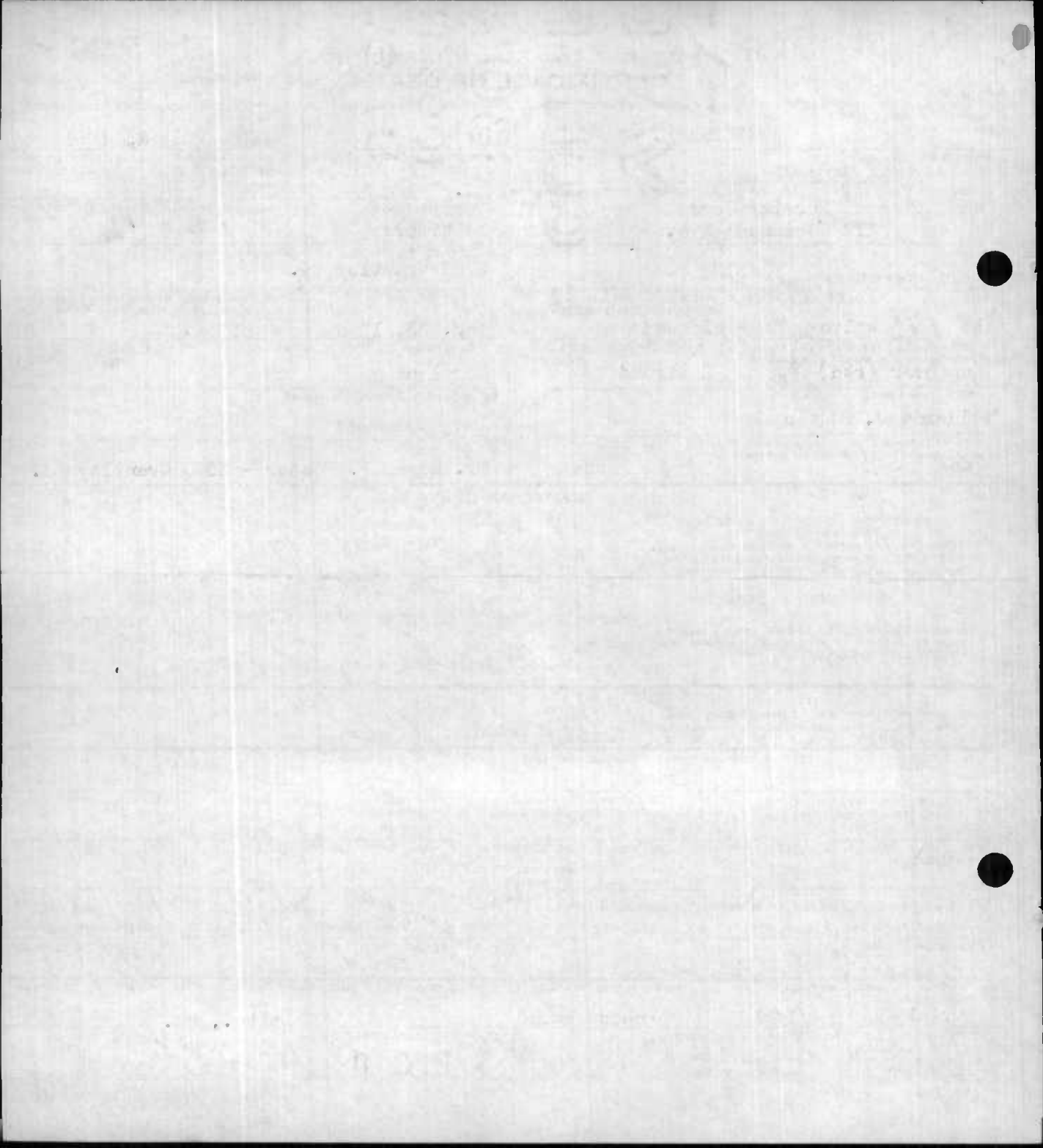
ADDRESS

JUL 6 - 1951

Wm. F. Foster

Wm. F. Foster & Sons -

937 Balto. Md.



452
51 5937BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5937
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA MARY FLANAGAN

2. DATE
OF
DEATH

7-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

Length of stay in Baltimore

60 yrs.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore - 12 - 10-01

D. STREET ADDRESS (If rural, give location)

323 E. Biddle St. - 2

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5-17-78

9. AGE (In years
last birthday)

73 yrs

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Own home.

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?
W.S.

13. FATHER'S NAME

Hugh Byrne

14. MOTHER'S MAIDEN NAME

Esther Dougherty

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Caskey - 323 E. Biddle St. - 2

18. 260X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Diabetes Mellitus

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arteriosclerosis.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-7-1951 to 7-3-1951, that I last saw the
deceased alive on 7-3-1951, and that death occurred at 4:35 a. m., from the causes and on the date stated above.

23A. SIGNATURE

C. P. Coffey Jr.

M. D.

23B. ADDRESS

1400 N. Caroline St. - 13

23C. DATE SIGNED

7-3-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Burial July 7, 1951

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

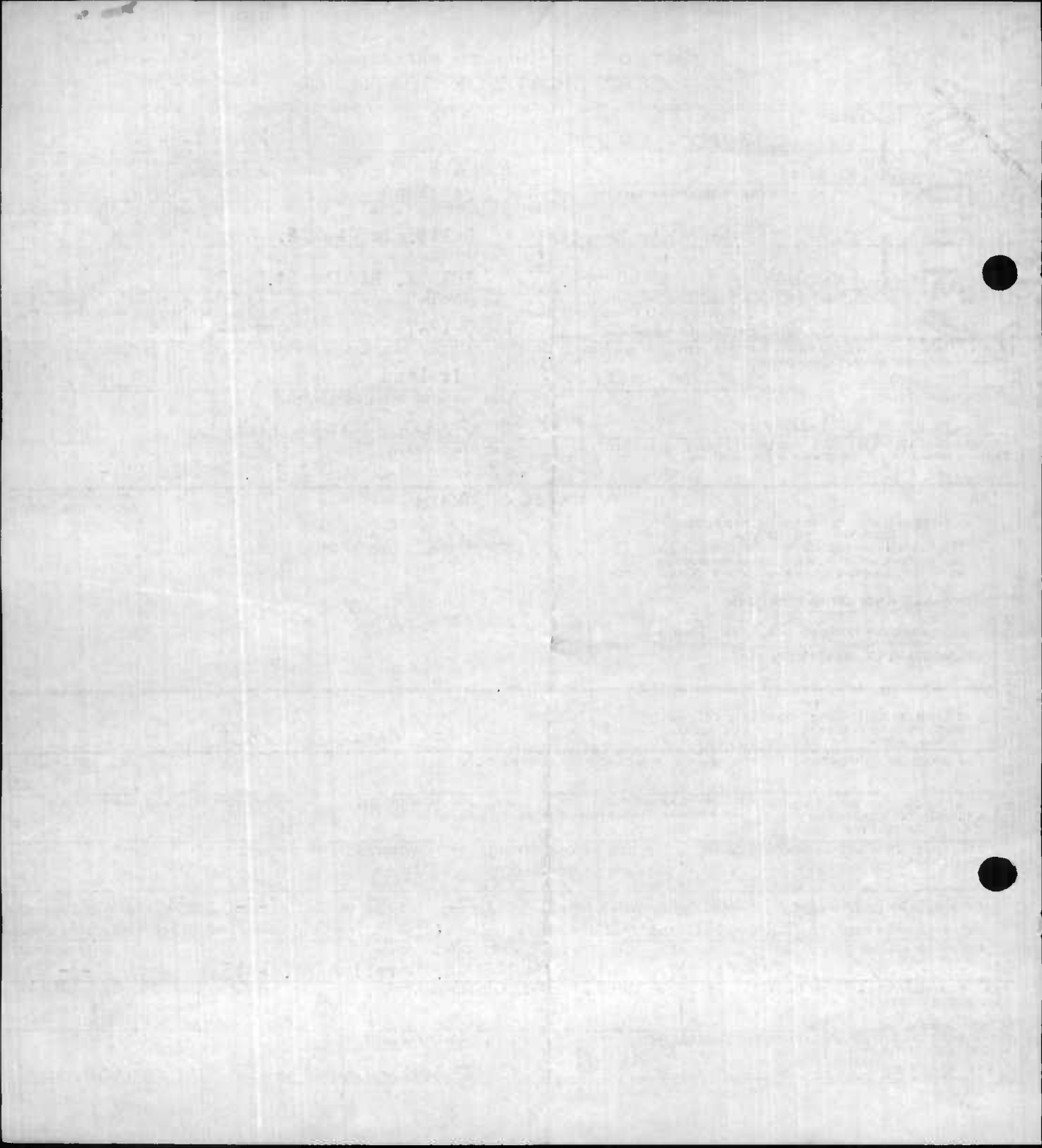
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 6 - 1951

Funeral Home for Williams, Mrs. 900 E. Biddle St.



420

51 5938

51 5938

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

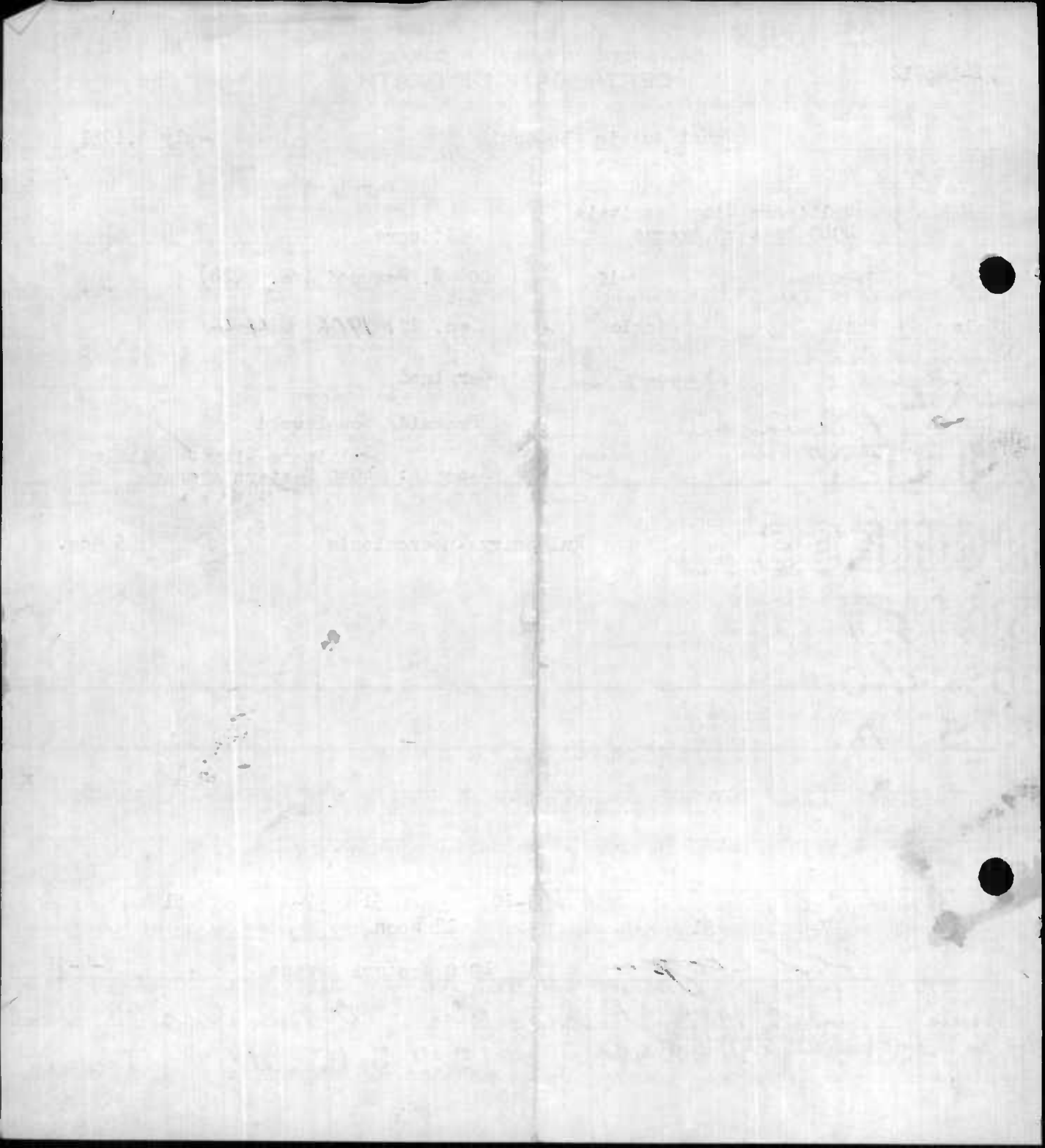
ND-146912

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Faust Austin Flewacki		July 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-03	
D. STREET ADDRESS (If rural, give location) 600 S. Kenwood Ave. (24)		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 27, 1906
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Brewery Co.	9. AGE (In years last birthday) 44
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph Plewacki		14. MOTHER'S MAIDEN NAME Praksida Kowalewski	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		18. CAUSE OF DEATH	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 5 Mos.
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-20, 1951 to 7-4, 1951, that I last saw the deceased alive on 7-4, 1951, and that death occurred at 12 Noon from the causes and on the date stated above.					
23A. SIGNATURE P. S. Cohen		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 7-4-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 9-1951		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus O'Donnell St.	
24D. LOCATION (City, town, or county) Baltimore		24E. FUNERAL DIRECTOR John J. Connelly		24F. ADDRESS Essex 21-	



51 5939

51 5939

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. B-6601

1. NAME OF DECEASED (Type or Print) Charlotte Brewer		2. DATE OF DEATH July 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 32 S. Poppleton Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 32 S. Poppleton Street <u>14-03</u>	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH About 1860
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 70
13. FATHER'S NAME William Gillenfinney		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Maria Ward	
17. INFORMANT Mrs. George Brewer, Glen Arm, Maryland		ADDRESS	
18. <u>4221</u> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage (A) DUE TO INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES (B) Arteriosclerotic CVD. DUE TO years (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 1, 1951</u> to <u>July 3, 1951</u> ; that I last saw the deceased alive on <u>July 1, 1951</u> , and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>S. Hightstein M.D.</u>		23B. ADDRESS <u>888 W. Lombard St.</u>	
23C. DATE SIGNED <u>July 5, 51</u>		24A. BURIAL, CREMATION, REMOVAL (Specify) burial	
24B. DATE <u>7/7/51</u>		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR <u>W. M. E. G. Inc.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>Jul 6 - 1951</u>		ADDRESS 1217 St. Paul Street	

N 3 A

RECEIVED BY THE SECRETARY OF THE ARMY
WASHINGTON, D. C.

1901

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Section

VALLEY
CONGREGATIONAL
BOND

51 5940

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5940

Registered No.

BIRTH NO. B-356

1. NAME OF DECEASED (Type or Print) <i>Catherine A. Bodnar</i>			2. DATE OF DEATH <i>7/5/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <input checked="" type="checkbox"/>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <i>South Baltimore General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
Length of stay in Baltimore Yrs. Mos. Days <i>25-04</i>			O. STREET ADDRESS (If rural, give location) <i>603 Annabell Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>7/29/1900</i>		9. AGE (in years last birthday) <i>50</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Karl Gubera</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth Beemer</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Basil Bodnar, 603 Annabell Avenue</i>		

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cerebral hemorrhage</i> DUE TO (B) <i>Hypertensive cardiovascular disease</i> DUE TO (C) <i>Arteriosclerosis heart disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>10.30 hours</i> <i>years</i> <i>years</i>
<p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7-5</i> , 1951, to <i>7-5</i> , 1951, that I last saw the deceased alive on <i>7-5</i> , 1951, and that death occurred at <i>7:30 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Augustin del Campo</i>		23B. ADDRESS <i>1213 Light St. Baltimore</i>		23C. DATE SIGNED <i>7-5-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>7/9/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Meadowridge Park Cemetery</i>	
				24D. LOCATION (City, town, or county) (State) <i>Elkridge, Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>30 JUL 8 1951</i>		REGISTRAR'S SIGNATURE <i>Augustin del Campo</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm. Cook, Inc. 1217 St. Paul Street</i>	

VALLEY

COLLEGE

STUDENT

OFFICE

STUDENT

OFFICE

51 5941

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5941
Registered No.

BIRTH NO.

G-415

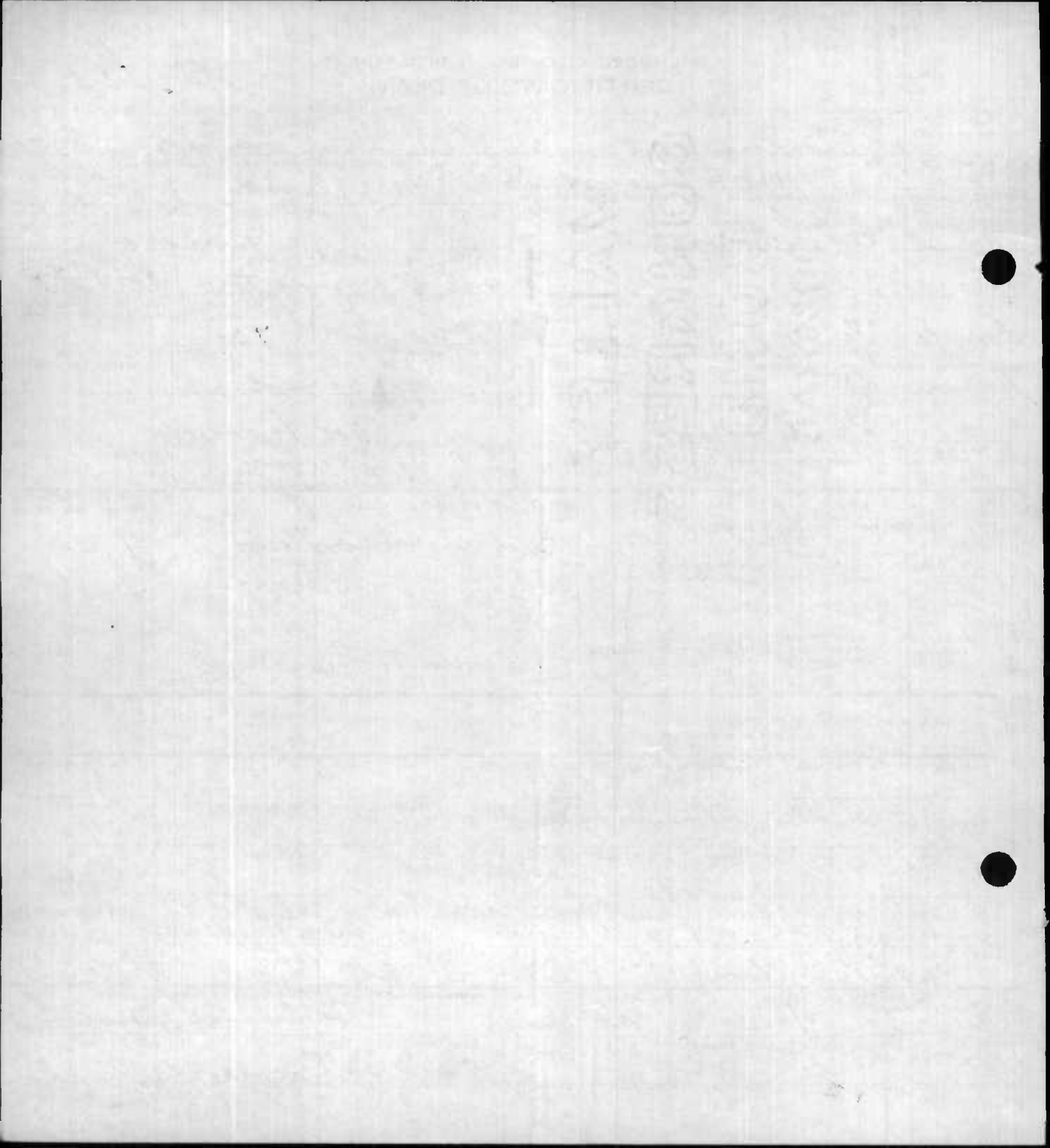
1. NAME OF DECEASED (Type or Print) <i>Edna Blanche Gilbin</i>			2. DATE OF DEATH <i>July 5 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1400 N. Lexington St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Aged Women's and Aged Men's Homes</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>1400 N. Lexington Street</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Not known</i>		9. AGE (in years last birthday) <i>70</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nurse - R.N.</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>709</i>
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Not known</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>P. H. Read</i> ADDRESS <i>1400 N. Lexington St.</i>		

18. <i>334X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Cerebral arteriosclerosis</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Arteriosclerosis Cerebro-vascular</i> DUE TO (C) <i>clear</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *June*, 1950, to *July 5*, 1951, that I last saw the deceased alive on *July 4*, 1951, and that death occurred at *9:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Wendell Edward Day</i> M. D.		23B. ADDRESS <i>4-E-33rd St-18</i>		23C. DATE SIGNED <i>July 6, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7/9/51</i>		24C. NAME OF CEMETERY OR CREMATOR <i>Mrs. Oliver</i>	
24D. LOCATION (City, town or county) (State) <i>Baltimore, Maryland</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm. Cook, Inc., 1017 St. Paul St.</i>			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			



51 5942

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5942
Registered No.

BIRTH NO. A-260

1. NAME OF DECEASED (Type or Print) William J. Asher			2. DATE OF DEATH July 5, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4532 Schenley Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 4532 Schenley Road		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 28, 1873	9. AGE (In years last birthday) 78	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Salesman - Specialty			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME ? Asher			14. MOTHER'S MAIDEN NAME Ellen ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Kinsey F. M. Asher, Hampstead, Maryland		

18. 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Prostate gland with generalized metastases	CAUSE OF DEATH (A) Carcinoma of Prostate gland with generalized metastases DUE TO (B) metastases DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH Feb. 23, 1951 July 5, 1951
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1951, to July 5, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 10:24 a. m., from the causes and on the date stated above.

23A. SIGNATURE Francis J. Grumline M. D. 23B. ADDRESS 114 Medical Arts Bldg 23C. DATE SIGNED 7/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 7/9/51	24C. NAME OF CEMETERY OR CREMATORY Moreland Park Cemetery	24D. LOCATION (City, town, or county) (State) Parkville, Maryland
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR <u>20m Scott, Inc.</u>	ADDRESS 1217 St. Paul Street

ALLEY
NGRESS
BOND
EXCHANGE

51 5943

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH X

51 5943

Registered No.

BIRTH NO. *W-425*1. NAME OF DECEASED
(Type or Print)*Ramsay Wilson*2. DATE
OF
DEATH*7-5-51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*University H.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

New Jersey

B. COUNTY

V-27

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

North Plainfield

D. STREET ADDRESS (If rural, give location)

10 Linden Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

None

8. DATE OF BIRTH

Nov 27 / 1878

9. AGE (In years last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR INDUSTRY

Oil Co.

11. BIRTHPLACE (State or foreign country)

Canada

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

(W)

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

*Norman E. Wilson Jerusalem Rd Fink Rd*18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

*A.S.C.V. D to grade 10
Engel. Failure, pleural effusion,
X possible coronary thrombosis*

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July 5, 1951* to *July 5, 1951*, that I last saw the deceased alive on *July 5, 1951*, and that death occurred at *5:55 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

7-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

24B. DATE

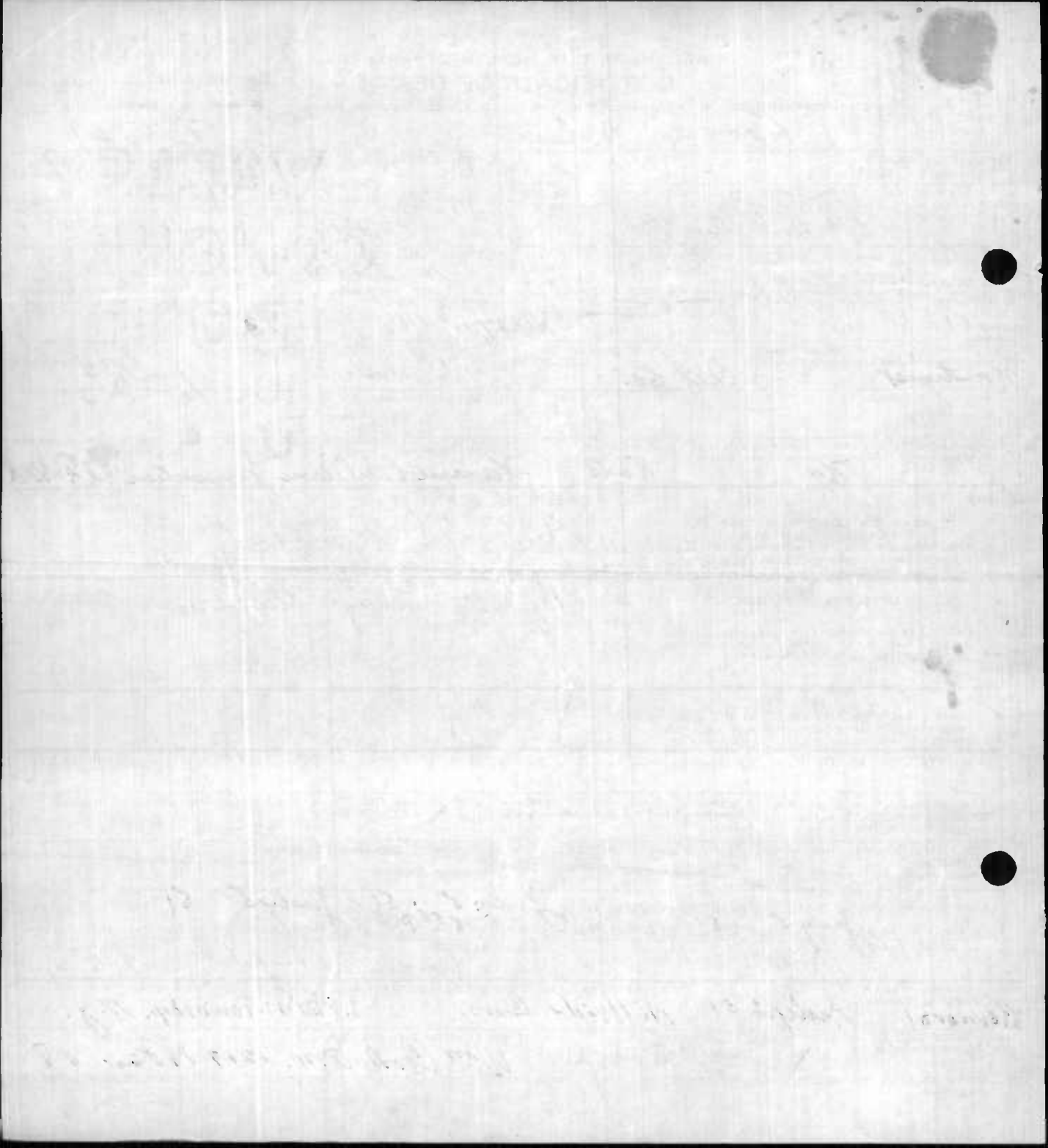
REGISTRAR'S SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR

ADDRESS



51 5944

CERTIFICATE CORRECTED

7-10-51

51 5944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

H-525

1. NAME OF DECEASED
(Type or Print)

HAZEL HANSON

2. DATE
OF
DEATH

7/4/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Pineridge Home*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4703 Harford Rd.

C. CITY OR TOWN

Balto

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3009 Clearview Ave 27-05

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 3, 1907

9. AGE (In years

last birthday)

43

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Never employed

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

James Hanson

14. MOTHER'S MAIDEN NAME

Mary A. Hancock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs M. A. Hanson

ADDRESS

Same

18. 350X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Broncho Pneumonia

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Parkinsonian Paralysis

15 yrs.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from July 1, 1951, to July 4, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 9:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Jacot Fisher

M. D.

23B. ADDRESS

18234 Wash. St.

23C. DATE SIGNED

7/4/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/7/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Taylor Ave

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

JUL 6 - 1951

REGISTRAR'S SIGNATURE

Carterton Williams

25. FUNERAL DIRECTOR

Medred S. Blight

ADDRESS

6009 Hazlet

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

51 5945

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5945

Registered No.

BIRTH NO.

R. 212

1. NAME OF DECEASED (Type or Print) Theodore ROSSBACH		2. DATE OF DEATH July 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 855½ W. Lombard St. 1603			
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-20-1895	
9. AGE (in years last birthday) 55		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TELEGRAPH OPERATOR		10B. KIND OF BUSINESS OR INDUSTRY TELEGRAPH CO.	
11. BIRTHPLACE (State or foreign country) Baltimore - Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME HENRY C. ROSSBACH		14. MOTHER'S MAIDEN NAME Augusta Koldewey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 416-01-6372	
17. INFORMANT		ADDRESS	

18. 581.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fatty liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Chronic alcoholism

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Vorets

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

July 4, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

7-7-1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem

24D. LOCATION (City, town, or county)

Belair Rd. - BALTO - MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Thomas J. Kennedy Inc. 1600 Hollins St.

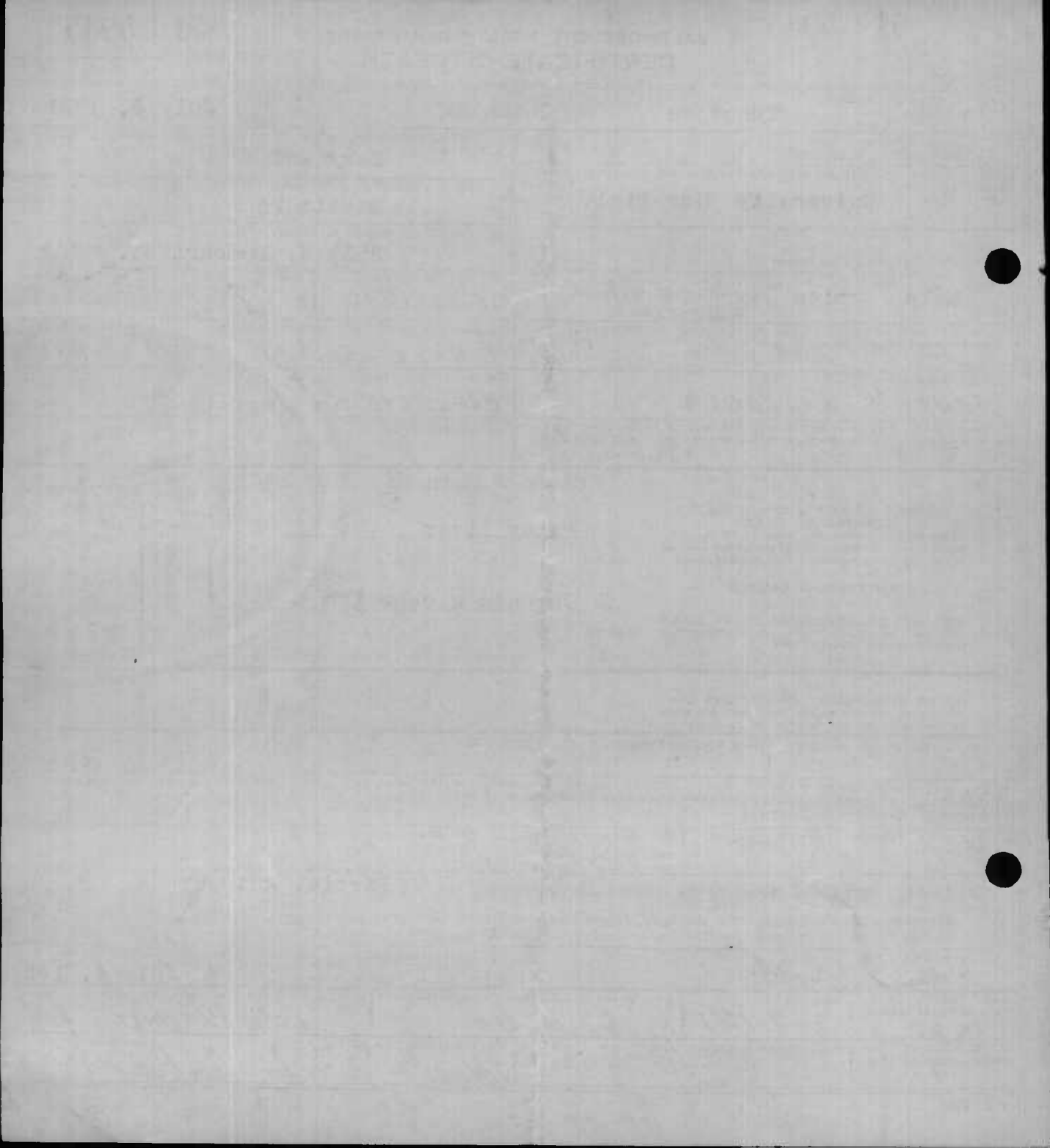
VS 151

3655B

124a

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the cause of death.



51 5946

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5946

Registered No. _____

BIRTH NO. **R-300**

1. NAME OF DECEASED
(Type or Print)

Mary J. Reed

2. DATE
OF
DEATH

July 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION **1339 Woodyear St.**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Md.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto.

D. STREET ADDRESS (If rural, give location)

1339 Woodyear St.

15-01

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1886

9. AGE (in years
last birthday)

65

10 Under 1 Year
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

Julia Jennifer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL
SECURITY NO.
none

17. INFORMANT ADDRESS
Edna Hall 1153 Whatcoat St./

18. **443 X I**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

QUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

QUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 hr

10 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-1**, 19**51**, to **7-3**, 19**51**, that I last saw the
deceased alive on **7-3**, 19**51**, and that death occurred at **11 A** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

7/7/51

St Peters

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 6-1951

Geo. G. Kelson 1303 Presstman St.

VS 150

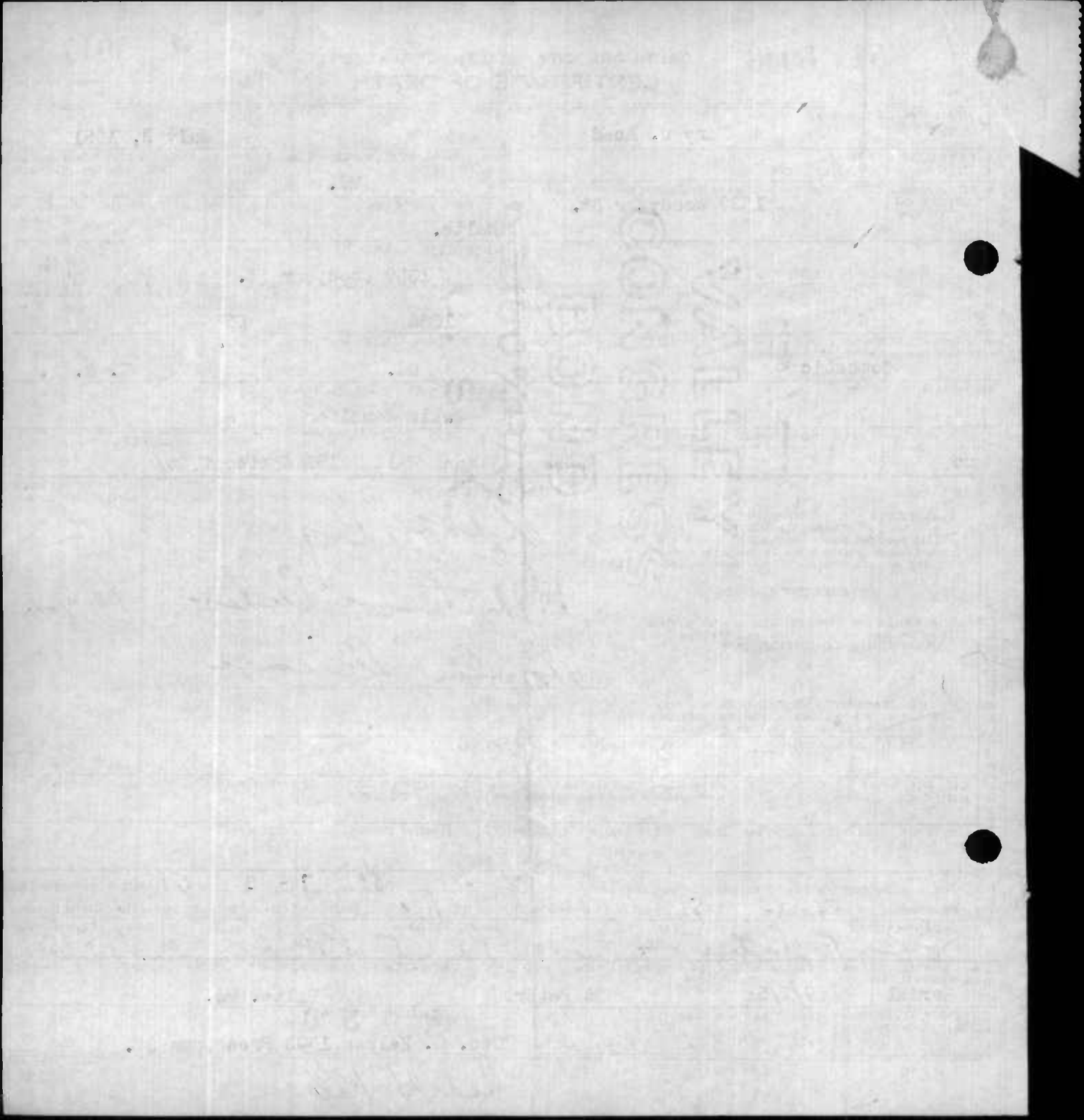
7208A

Geo. H. Kelson

93D

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the causes of death in full.



51 5947

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5947

Registered No.

BIRTH NO.

C-615

1. NAME OF DECEASED
(Type or Print)

Margaret L. Corbin.

2. DATE

OF DEATH July 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1011 Rectory Lane

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1011 Rectory Lane

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

Female

white

Widow

Aug 8, 1875

75

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housework

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?
U.S.

13. FATHER'S NAME

Webster Kyte.

14. MOTHER'S MAIDEN NAME

Catherine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Julia M. O'Brien 1011 Rectory Lane

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

arteriosclerosis, hypertension, myocarditis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 15, 1951, to July 5, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 1230 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

July 7/51

St. Mary's Hampden

Roland Ave, Balto, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Austin E. Donovan 3818 Roland

WATNEY
CONGRESS
STONIE
HOMING
STAFF

51 5948

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5948
Registered No.

BIRTH NO.

N-450

1. NAME OF DECEASED
(Type or Print)

FRANCIS NOLAN

2. DATE
OF
DEATH

July 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland General Hospital.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

7-22-1909

9. AGE (In years,
last birthday)

31

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stevenson

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Nolan.

14. MOTHER'S MAIDEN NAME

Josephine Ready

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Josephine Luc Ellen Nolan

Same.

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Lobar Pneumonia; Toxic Myocarditis 3 days.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from July 3 - 3:30 PM, 1951, to July 11:10 PM, 1951, that I last saw the deceased alive on July 3, 1951, and that death occurred at 11:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

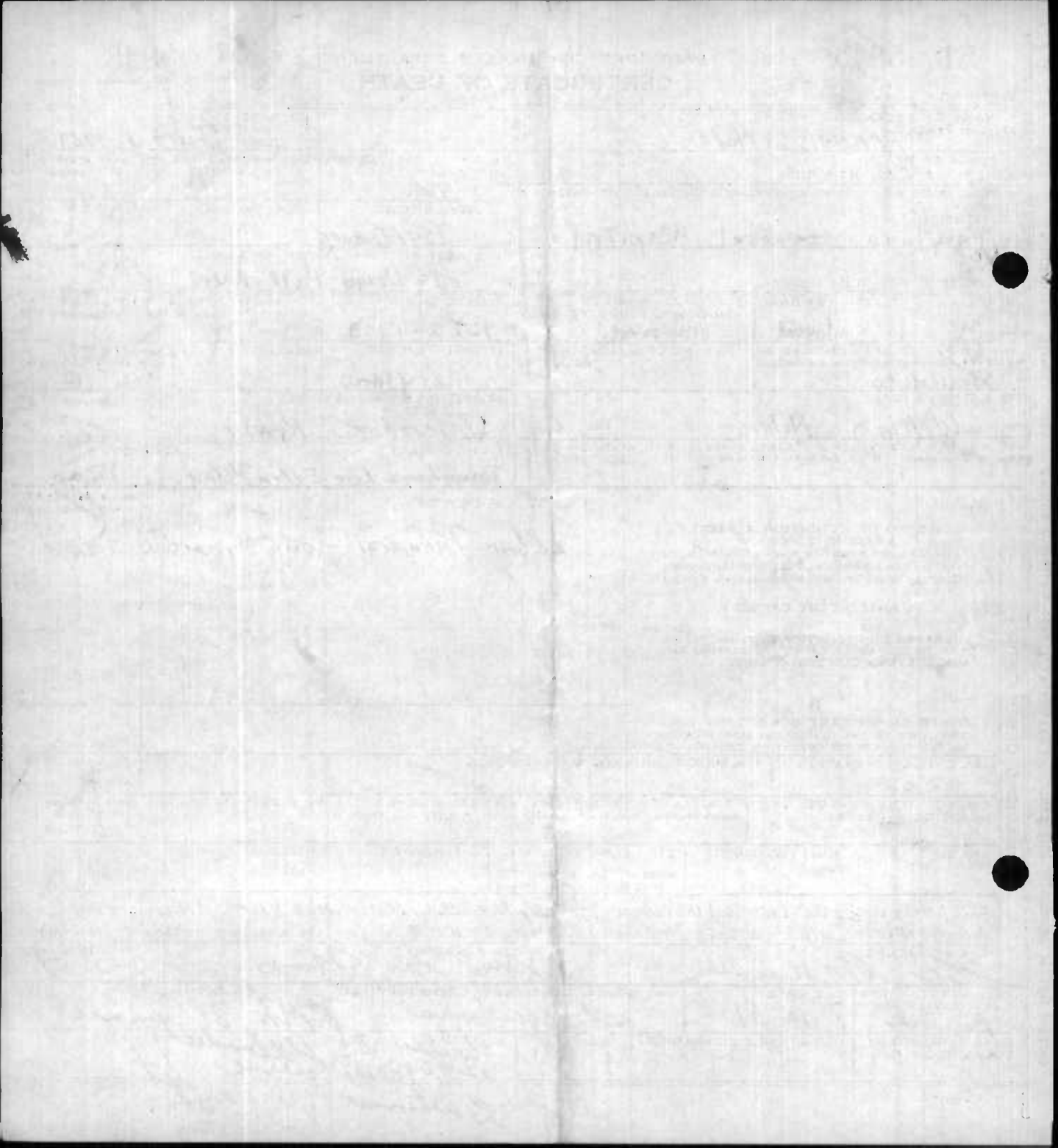
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5949
Registered No.

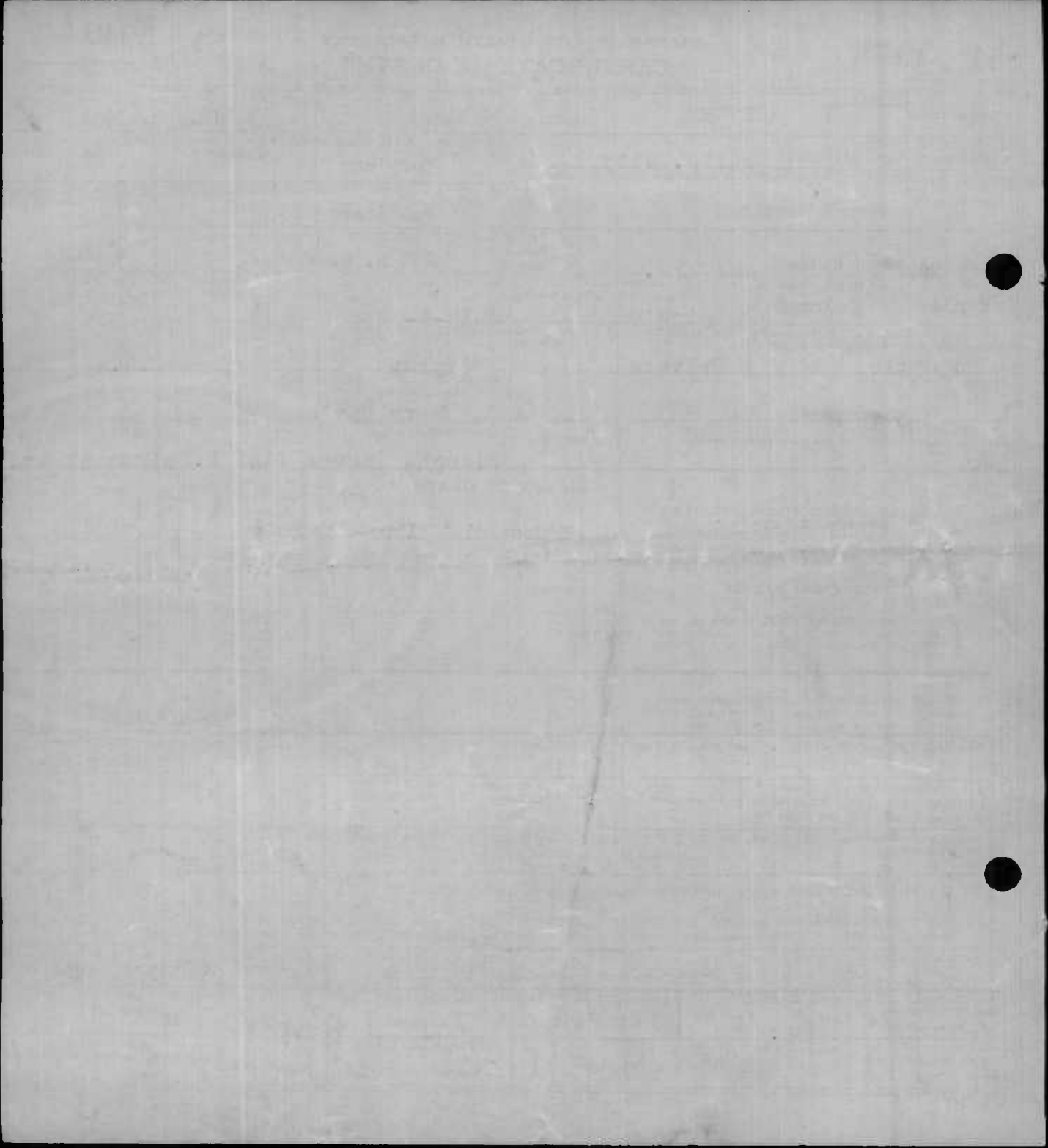
BIRTH NO.

1. NAME OF DECEASED (Type or Print) GERTRUDE		2. DATE OF DEATH July 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 270 N. Exeter St.		5. LENGTH OF STAY IN BALTIMORE 24 Yrs.	
SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 4, 1915
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Private	9. AGE (In years last birthday) 35 11. BIRTHPLACE (State or foreign country) Virginia
13. FATHER'S NAME Unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		14. MOTHER'S MAIDEN NAME Mary Davis	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Blanche Graves 1421 E. Fairmount Ave	

18. 421.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Endocardial fibro-elastosis DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .	
23A. SIGNATURE <i>Stanley A. Dunleaver</i> M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>
23C. DATE SIGNED July 3, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried	24B. DATE 7/6/51
24C. NAME OF CEMETERY OR CREMATORY mt Calvary Cem	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR JUL 6 - 1951	REGISTRAR'S SIGNATURE <i>Clayton O. Wilson</i>
25. FUNERAL DIRECTOR <i>Clayton O. Wilson 1000 Broadway</i>	

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



51 5950

BALTIMORE CITY HEALTH DEPARTMENT

51 5950

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLOYD DIZE

2. DATE
OF
DEATH

July 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR IN INSTITUTION

US Marine Hospital

Wyman Pk. Drive & 31st St.

C. CITY OR TOWN

Rumbley

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

6900

Length of stay in Baltimore

17 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

6/16/90

9. AGE (In years
last birthday)

61

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

Waterman

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward Dize

14. MOTHER'S MAIDEN NAME

Annie Merideth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW I

16. SOCIAL
SECURITY NO.
?

17. INFORMANT

ADDRESS

Records-US Marine Hospital, Balto, Md.

CAUSE OF DEATH

18. 442x

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive and arteriosclerotic
cardiovascular disease with
arteriolar nephrosclerosis.

Unknown

ANTECEDENT CAUSES

(B)

DUE TO

Bronchopneumonia

Terminal

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18 1951 to July 5 1951, that I last saw the
deceased alive on July 5 1951 and that death occurred at 12:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

7/5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

7-9-51

24C. NAME OF CEMETERY OR CREMATORY

Fairmount m.c.

24D. LOCATION (City, town, or county)

Fairmount Somerset Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

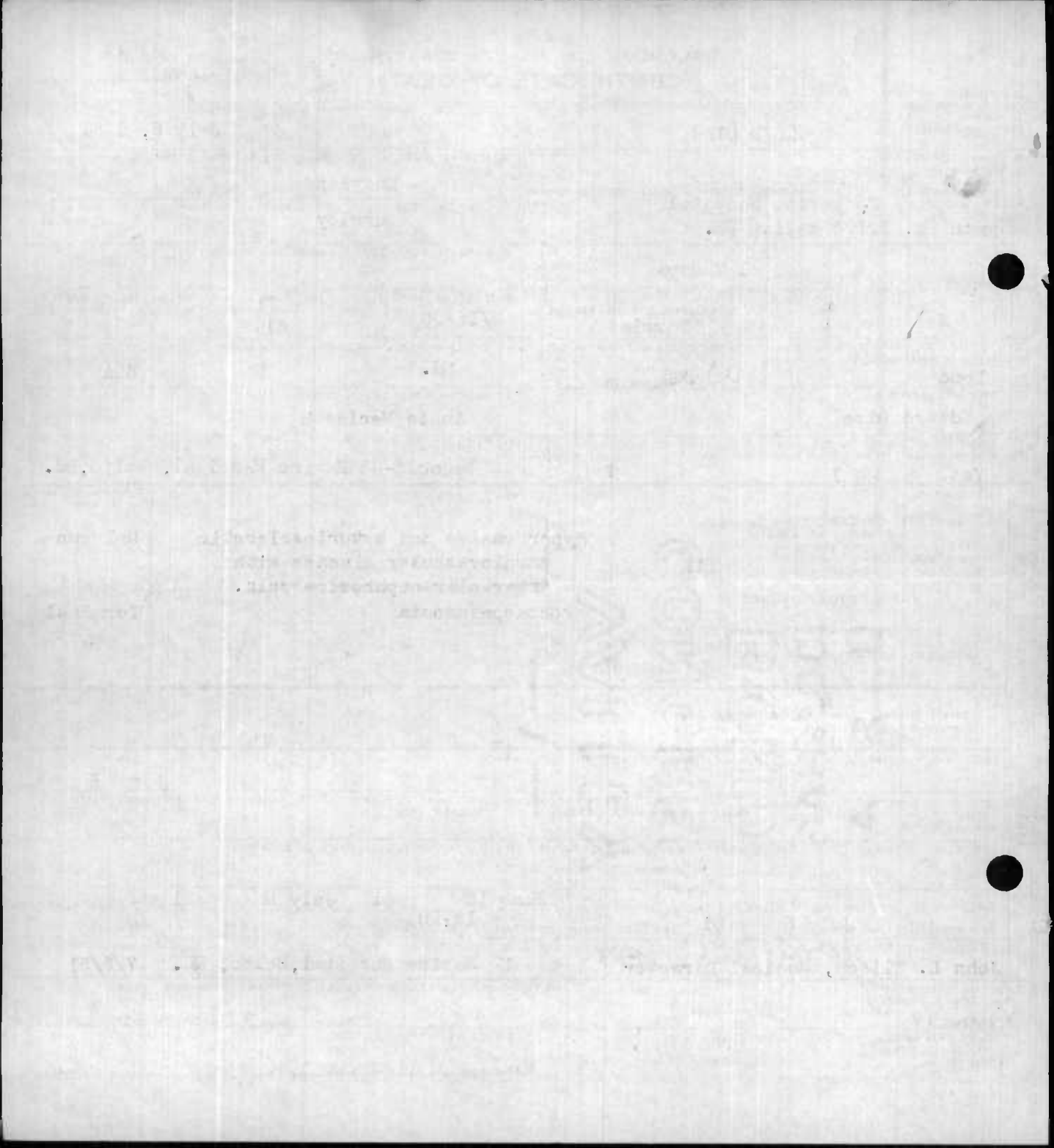
JUL 6 - 1951

VS 150

623 55

131a

MEDICAL CERTIFICATION



Registered No.

M-000

1. NAME OF DECEASED (Type or Print)		LILLIAN GEPHARDT MAY		2. DATE OF DEATH July 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		913 E. 37th St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore		life		D. STREET ADDRESS (If rural, give location) 913 E. 37th Street	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 22, 1882	9. AGE (In years last birthday) 68	10. If Under 1 Year Months: Days: 11. If Under 24 Hours: Min.
10A. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME William Gephardt			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME unknown		
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Lillian May Runge, dght., above			

18.	154X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Carcinoma, Rectum with Abdominal Metastases	3 yrs.
ANTECEDENT CAUSES		(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	

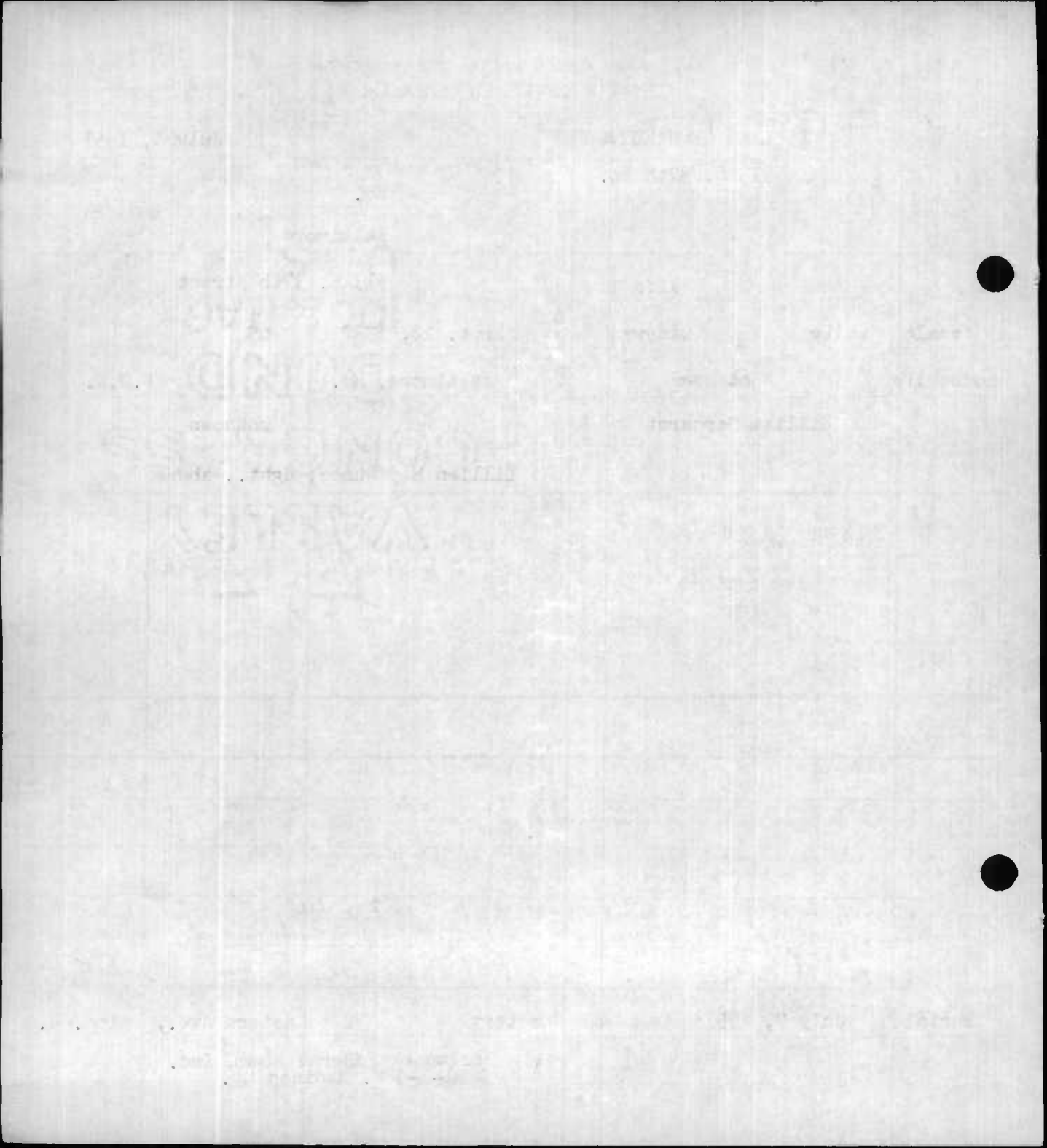
22. I hereby certify that I attended the deceased from July 4, 1957, to July 5, 1957; that I last saw the deceased alive on July 5, 1957, and that death occurred at 9A. m., from the causes and on the date stated above.

23A. SIGNATURE Wm. H. Kammer, J. M. D.	23B. ADDRESS 50 Sheridan Ave.	23C. DATE SIGNED July 6, 195
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24A. BURIAL . CREMATION, REMOVAL (Specify) Burial	24B. DATE July 7, 1951	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	24D. LOCATION (City, town, or county) (State) 7225 Eastern Ave., Balto. Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUL 6 - 1957	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	ADDRESS
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46)



51 5952
S 214BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5952
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Frederick W Schaufele		2. DATE OF DEATH July 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2716 Jefferson St.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2716 Jefferson St.		7.02	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH July 5, 1875
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cabinet maker		10B. KIND OF BUSINESS OR INDUSTRY Hochschild Kohn Co.	9. AGE (In years last birthday) 76
13. FATHER'S NAME Henry C. Schaufele		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Henrietta A. Hinkle, sister, above	

18. 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma - urinary bladder	CAUSE OF DEATH (A) Carcinoma - urinary bladder DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 2 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 1/6 , 19 51 , to 7-5 , 19 51 , that I last saw the deceased alive on 6/30 , 19 51 , and that death occurred at 4:50 P. m., from the causes and on the date stated above.				
23A. SIGNATURE W. Neil Mac Murchy		23B. ADDRESS 801 Buren St.		23C. DATE SIGNED 7/5/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 7, 1951	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	24D. LOCATION (City, town, or county) (State) North Ave. & Gay St. Balto. Md.	

DATE RECEIVED BY LOCAL REGISTRAR JUL 6 - 1951	REGISTRAR'S SIGNATURE W. Neil Mac Murchy	25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.
---	--	---



July 2, 1951

Thompson Submachine

Gold Machine Co.

Chicago

Chicago, Illinois

Mr.

July 2, 1951

Chicago

Thompson Submachine

Chicago, Illinois

Chicago, Illinois

Chicago, Illinois

Chicago

Chicago, Illinois

CONFIDENTIAL

Chicago, Illinois

Chicago, Illinois

51 59

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5953

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Michael Kaufman

2. DATE
OF
DEATH

July 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

2439 E. Eager St.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Bon Secours Hospital

Life

Yrs.
Mos.
Days

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, Maryland

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7/23/1883

9. AGE (in years

last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

Continental Can Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Kaufman

14. MOTHER'S MAIDEN NAME

Mary Winegold

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Anna Kaufman, wife, above

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Cancer of the Penis

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 - 1, 1951, to 7 - 6, 1951, that I last saw the
deceased alive on 7 - 6, 1951, and that death occurred at 9 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/9/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

(State)

North Ave. & Rose St. Balto. Md.

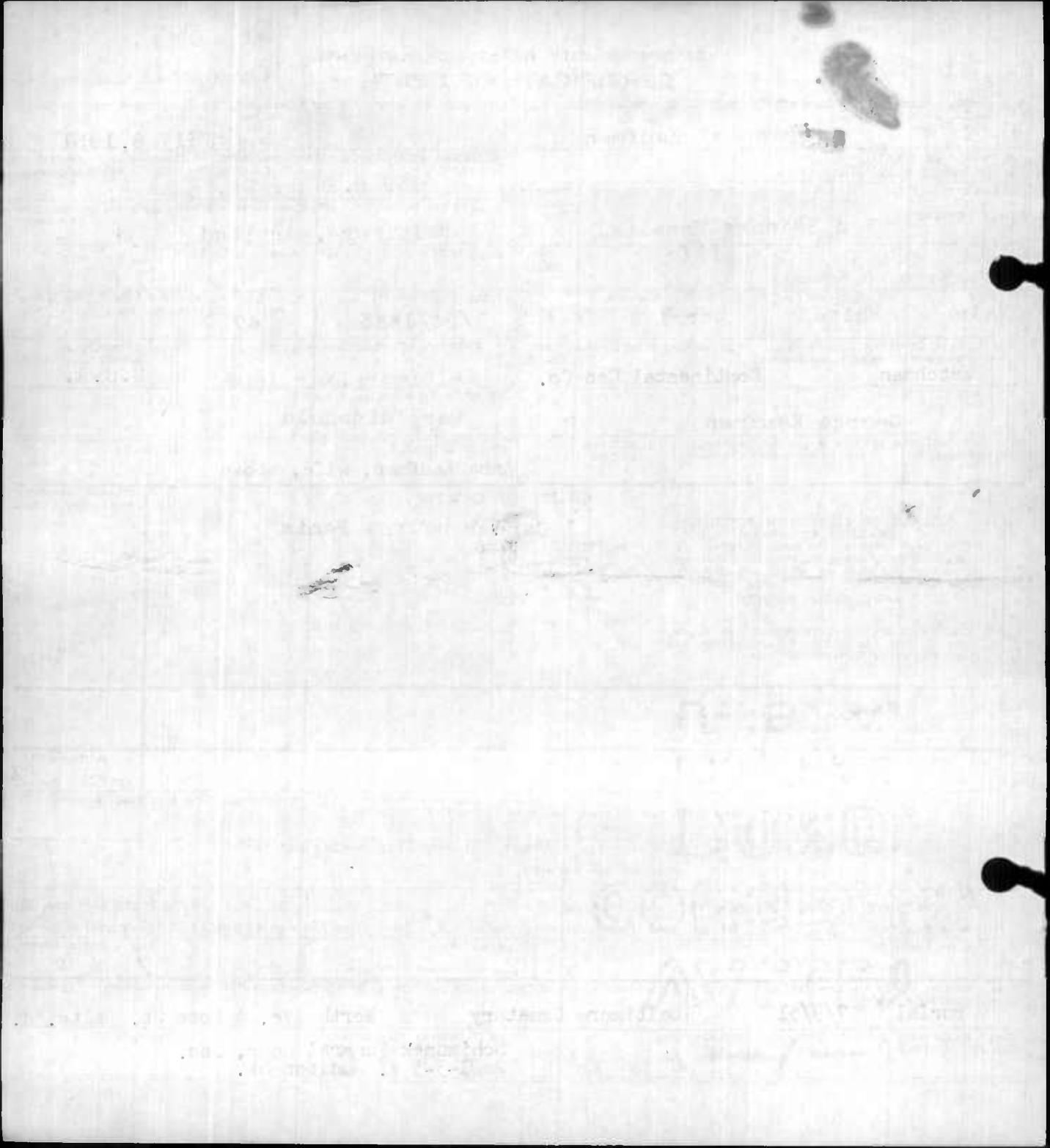
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.
2601-35 E. Madison St.



51 5954

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5954
Registered No.BIRTH NO. W-1601. NAME OF DECEASED
(Type or Print)Barbara E. Weber2. DATE
OF
DEATHJuly 5-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BaltoB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)220 N. Chapel St.Yrs.
Mos.
Days

Length of stay in Baltimore

Life

5. SEX

F.

6. COLOR OR RACE

W.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widowed

8. DATE OF BIRTH

Jan 17 18739. AGE (In years
last birthday)7811 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)At Home10B. KIND OF BUSINESS OR
INDUSTRYHouse work

11. BIRTHPLACE (State or foreign country)

Balto.12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Leonard RohmRohm

14. MOTHER'S MAIDEN NAME

Margaret Hotzler15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.None

17. INFORMANT

Anthony P. Weber 220 N. Chapel St.

ADDRESS

18. 332X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral Thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Cerebral Arteriosclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1951, to July 5, 1951; that I last saw the
deceased alive on July 4, 1951, and that death occurred at 9: A. m., from the causes and on the date stated above.

23A. SIGNATURE

Frank D. Dorka

M. D.

23B. ADDRESS

2623 E. Monmouth St

23C. DATE SIGNED

7/6/5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIALJULY 9 1951HOLY REDEEMER CEM4430 BELAIR RDMDDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

George F. MillerChiffel Bar 1800 E LOMBARD ST

Dr. Joshi 2623 E. Monument St.

51 5955

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5955
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES

FROMBERG

2. DATE
OF DEATH July 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

154 West Cross Street

23-01

SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/27/

9. AGE (in years
last birthday)

42

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Trackman

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad-B-O.

11. BIRTHPLACE (State or foreign country)

Maysville, S.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Pete Fromberg

14. MOTHER'S MAIDEN NAME

Rosie Tendle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

250-36-4199

17. INFORMANT

ADDRESS

Rose Fromberg-154 W. Cross Street

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO Hypertensive Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. S. Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
7-6-5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

7/9/51

24C. NAME OF CEMETERY OR CREMATORY

Sumter, S.C.

24D. LOCATION (City, town, or county)

Sumter, S.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 6-1951

J. F. Brown & Son - Montgomery St

VS 151

970 50

927 ✓

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

100

101

UNITED STATES OF AMERICA

102

OFFICE OF THE SECRETARY OF THE ARMY

WASHINGTON, D. C.

103

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122

BIRTH NO. 51 5956
C-516

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) James Camper, 573094			2. DATE OF DEATH JUL 5 - 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Talbot		
5. FULL NAME OF (If not in hospital or institution, give street address or location) THE HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Easton, Trappe		
6. Length of stay in Baltimore 7 weeks			D. STREET ADDRESS (If rural, give location) Rt. 1 Box 913, 7000		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 04 12-25-03 46 47	9. AGE (In years last birthday)	At Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur			11. BIRTHPLACE (State or foreign country) Talbot Co., Md.		
13. FATHER'S NAME William T. Camper			14. MOTHER'S MAIDEN NAME Mary E. Larence		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT THE HOPKINS HOSPITAL			ADDRESS		

18. 345 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Medullary Paralysis DUE TO (B) Multiple Sclerosis DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 7-5-1951	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-24-1951** to **7-5-1951**, that I last saw the deceased alive on **7-5-1951**, and that death occurred at **2:15** m., from the causes and on the date stated above.

23A. SIGNATURE Richard W. Dick	23B. ADDRESS THE HOPKINS HOSPITAL	23C. DATE SIGNED July 7, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial July 8 Trappe Md Cambridge	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town or county) (State) 87 Cambridge Md	25. FUNERAL DIRECTOR	ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR _____ REGISTRAR'S SIGNATURE _____

51 5957

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5957

Registered No.

BIRTH NO. 1-526

1. NAME OF DECEASED
(Type or Print)

MR. JOSEPH MONROE INGRAM

2. DATE
OF
DEATH

July 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City, Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1602 N. Wolfe St. Zone 13.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/11/96

9. AGE (In years
last birthday)

54 yrs

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pressman

10B. KIND OF BUSINESS OR
INDUSTRYAgricultural
& Chemical Co.

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Daniel Ingram

14. MOTHER'S MAIDEN NAME

Annie Hollinworth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

War #1

16. SOCIAL
SECURITY NO.

213-01-2774

17. INFORMANT

ADDRESS

Mrs. Anna Ingram-1602 N. Wolfe St.

18. 592x
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

1. Septicemic, chronic

(A) Cirrhosis of Liver

DUE TO 3. Arteriosclerotic C. V. Disease

4. Secondary Anemia

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

(over)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/2/51, 1951, to 7/5/1951, that I last saw the
deceased alive on 7/5, 1951, and that death occurred at 9:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/9/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

H. Sander & Sons, Inc.

North Av. & Broadway

VS 150

6904R

124B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

See Document File 5-5957
for certification amendment

7/27/51

ES

51 5958

51 5958

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. *T-623*

1. NAME OF DECEASED (Type or Print) <i>TROST JOHN</i>		2. DATE OF DEATH <i>7-4-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balt.</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>FRANKLIN SQ. Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
5. Length of stay in Baltimore <i>All Life</i>		D. STREET ADDRESS (If rural, give location) <i>1741 Beet St.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>7-14-1890</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Powder Maker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Beth. St. Co.</i>	9. AGE (In years last birthday) <i>60</i>
13. FATHER'S NAME <i>John</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>P. KLINE</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Helen Trost (wif)</i>	
		ADDRESS <i>1741 Beet St.</i>	

18. <i>5603</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Pulmonary Embolus</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>Instant.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Post-op. VENTRAL HERNIA</i> DUE TO	<i>8 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) <i>AORTIC ANEURYSM - ABDOMINAL</i>	<i>?</i>

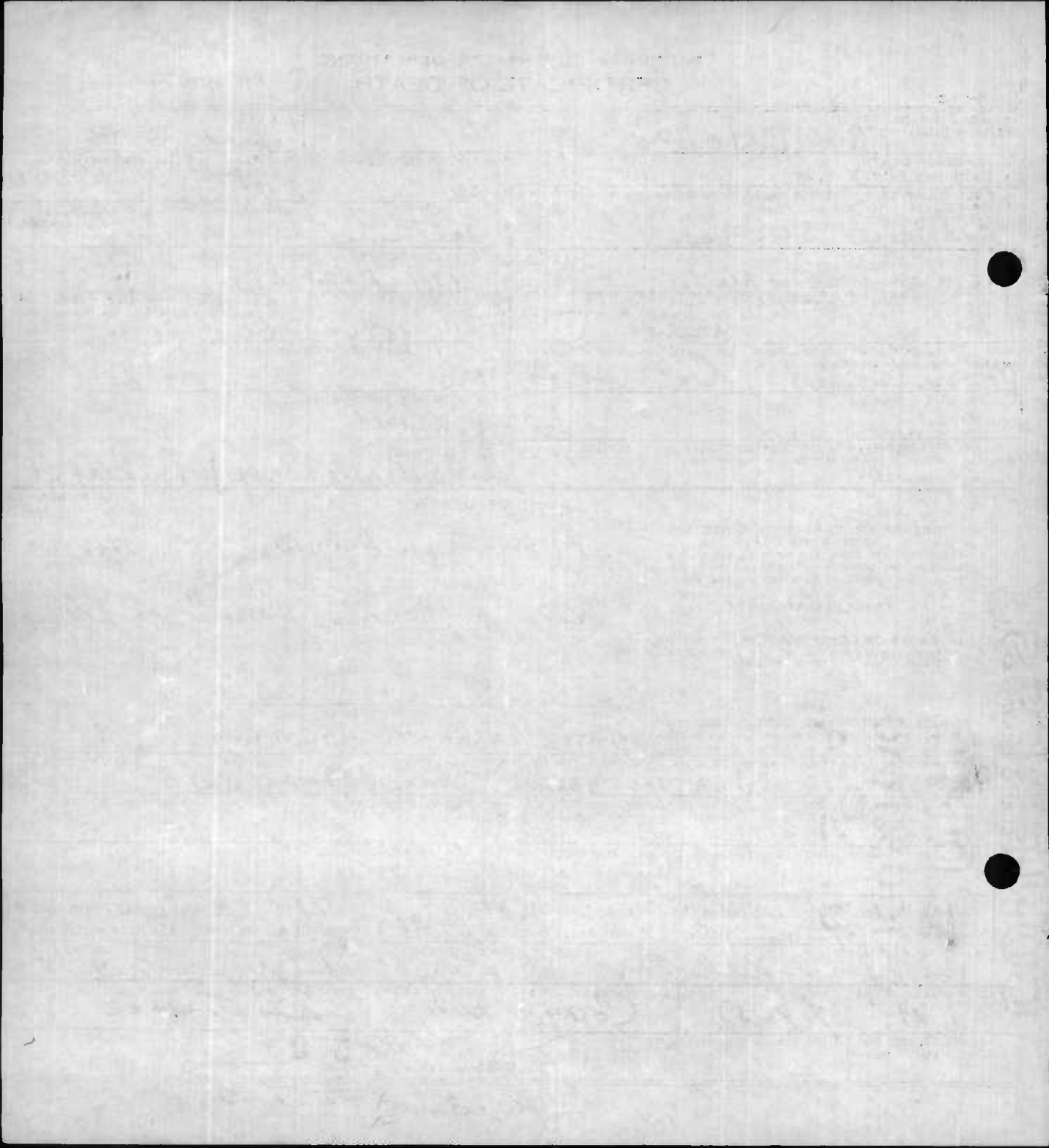
19A. DATE OF OPERATION <i>6-26-51</i>	19B. MAJOR FINDINGS OF OPERATION <i>VENTRAL HERNIA - AORTIC ANEURYSM</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>6/22</i> , 1951, to <i>7/4</i> , 1951, that I last saw the deceased alive on <i>7-4</i> , 1951, and that death occurred at <i>7:00 P.</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Wm. Delorm</i>	23B. ADDRESS <i>Inc. St. Hosp.</i>	23C. DATE SIGNED <i>7-4-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>B.</i>	24B. DATE <i>7.9.51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill</i>
24D. LOCATION (City, town, or county) <i>Baltimore</i>	25. FUNERAL DIRECTOR <i>James L. Delorm</i>	ADDRESS
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	

VS 150

690 30 130 E. For A.E. 30)

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



51 5959

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5959

Registered No.

BIRTH NO. C-600

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
PIETRO CIRRI		7/5/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 205 E. Fort Ave.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md.	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 205 East Fort Avenue	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 5/10/1888
9. AGE (In years last birthday) 63	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Repairer		11. BIRTHPLACE (State or foreign country) Italy
10B. KIND OF BUSINESS OR INDUSTRY Own		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
Family - Same			

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1 I	CAUSE OF DEATH (A) Myocardial Infarction DUE TO (B) arteriosclerosis DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 30 min.
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from July 2, 1951, to July 5, 1951, that I last saw the deceased alive on July 5, 1951, and that death occurred at 12:30 Pm., from the causes and on the date stated above.		
23A. SIGNATURE Stephen Van Lill	23B. ADDRESS M. D. 2843 St Paul St	23C. DATE SIGNED 7-6-51

24A. BURIAL, CREMATION, REMOVAL (Specify) B	24B. DATE 7/9/51	24C. NAME OF CEMETERY OR CREMATORY Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR [Signature]	ADDRESS - 130 E. Fort Ave.

VALLEY
CONGRESS
BUND

1934

51

5960

5960

51-12213

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-5960

Registered No. 51 5960

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richard Charles Janne

2. DATE
OF
DEATH

July 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

6214 Shipview Way #24

Length of stay in Baltimore

33

Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 3, 1951

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days

1 3

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Paul Janne

14. MOTHER'S MAIDEN NAME

Ardel Fischer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Paul Janne

ADDRESS

6214 Shipview Way

18.

751X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Bronchopneumonia

INTERVAL BETWEEN
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hydrocephalus - internal

33 days

(C) DUE TO

Meningo myelocoele

33 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3, 1951, to 7-5, 1951, that I last saw the
deceased alive on 7-5, 1951, and that death occurred at 1:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harold S. Farfel

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

7-5-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

7-7-51

SACRED HEART CEM.

4701 GERMAN HILL RD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

7-7 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854,

3053 (2)

51 5961
BLM-149951 T-651
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5961
Registered No.

1. NAME OF DECEASED (Type or Print) Joseph Trompeter			2. DATE OF DEATH July 4, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 635 S. Eaton St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) separated	8. DATE OF BIRTH March 1, 1883	9. AGE (in years last birthday) 68	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HUCKSTER			11. BIRTHPLACE (State or foreign country) Maryland		
10B. KIND OF BUSINESS OR INDUSTRY PRODUCE			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Trompeter			14. MOTHER'S MAIDEN NAME Theresa Contow		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		

18. 570.3 and E-921.7 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac and respiratory arrest DUE TO (A) Cardiac and respiratory arrest (B) Aspiration of vomitus (C) Intestinal Obstruction	INTERVAL BETWEEN ONSET AND DEATH 5 minutes 2 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFICATION <i>R. Fisher</i> M.D.	

19A. DATE OF OPERATION 7/4/51	19B. MAJOR FINDINGS OF OPERATION Partial Strangulation of 20 inches of small bowel	CHIEF OR ASST. MEDICAL EXAMINER R. Fisher	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Baltimore City Hospital - 4940 Eastern Avenue	21F. HOW DID INJURY OCCUR? Aspiration of vomitus during operation while in terminal state for intestinal obstruction
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 7-4-51 4:48 P.m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	22. I hereby certify that I attended the deceased from 7/2 , 1951, to 7/4 , 1951, that I last saw the deceased alive on 7/4 , 1951, and that death occurred at 4:53 PM. , from the causes and on the date stated above.	
23A. SIGNATURE <i>R. Fisher</i> M.O.	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 6/5/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 7-7-51	24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM.	24D. LOCATION (City, town, or county) (State) 4430 BELAIR RD.
DATE RECEIVED BY LOCAL REGISTRAR JUL 7 1951	REGISTRAR'S SIGNATURE <i>Charles S. Zeiler</i>	25. FUNERAL DIRECTOR Charles S. Zeiler	ADDRESS 901 S. CONKLING ST.

100011110

100011110

51 5962

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5962

Registered No.

BIRTH NO.

R-340

1. NAME OF DECEASED
(Type or Print)

FRANK RUDEL

2. DATE
OF
DEATH

JULY 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

SINAI HOSPITAL

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

604 N. Port St. 7-02

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Mar. 21-1889

9. AGE (In years
last birthday)

62

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Paperhanger

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Bernard Rudel

14. MOTHER'S MAIDEN NAME

Baer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Margaret Baer 602 N. Port St.

18. 181X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CARCINOMATOSIS

INTERVAL BETWEEN
ONSET AND DEATH

1 1/2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

CARCINOMA OF BLADDER

1 1/2 years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-16-51 3-30-51

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA OF BLADDER

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1951, to July 4, 1951, that I last saw the
deceased alive on July 4, 1951, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

SINAI HOSPITAL

23C. DATE SIGNED

July 5, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial July 7/51

Holy Redeemer Lm.

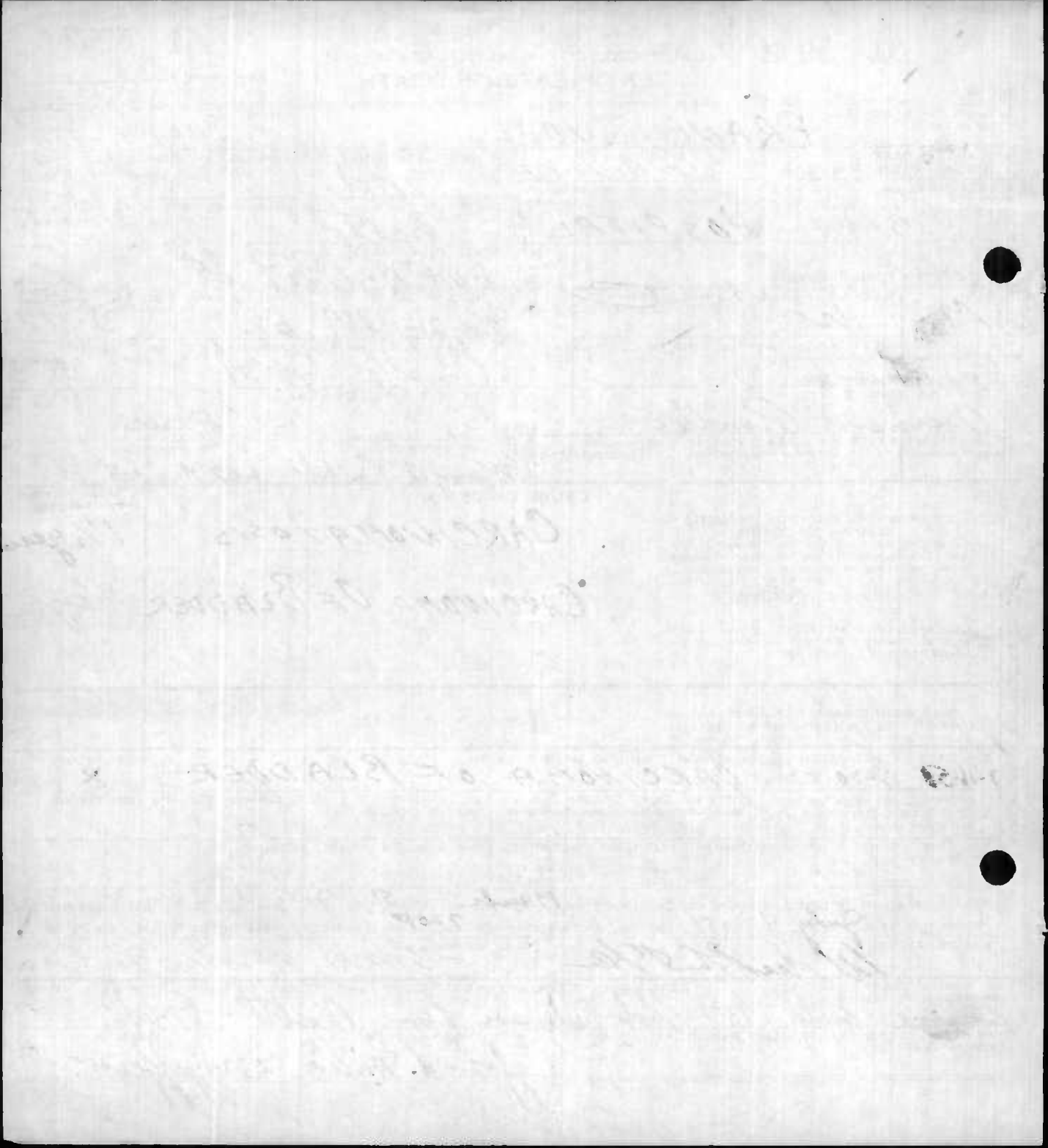
Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



Dr. Karfgin

51 5963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 5963

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William W. Forrester

2. DATE
OF
DEATH

July 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1414 Darley Avenue

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1414 Darley Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Mar. 28, 1883

9. AGE (In years;

last birthday)

68

Under 1 Year

Months: Days

Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Conductor

10B. KIND OF BUSINESS OR

B. & O. R.R.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Forrester

14. MOTHER'S MAIDEN NAME

Margaret Mc Court

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

705-07-1516

17. INFORMANT

ADDRESS

Mrs. Catherine Forrester, 1414 Darly

18. 443 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office, etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from May 1951 to July 3, 1951, that I last saw the deceased alive on 7/3/51, and that death occurred 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

7-7-51

New Cathedral Cem.

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

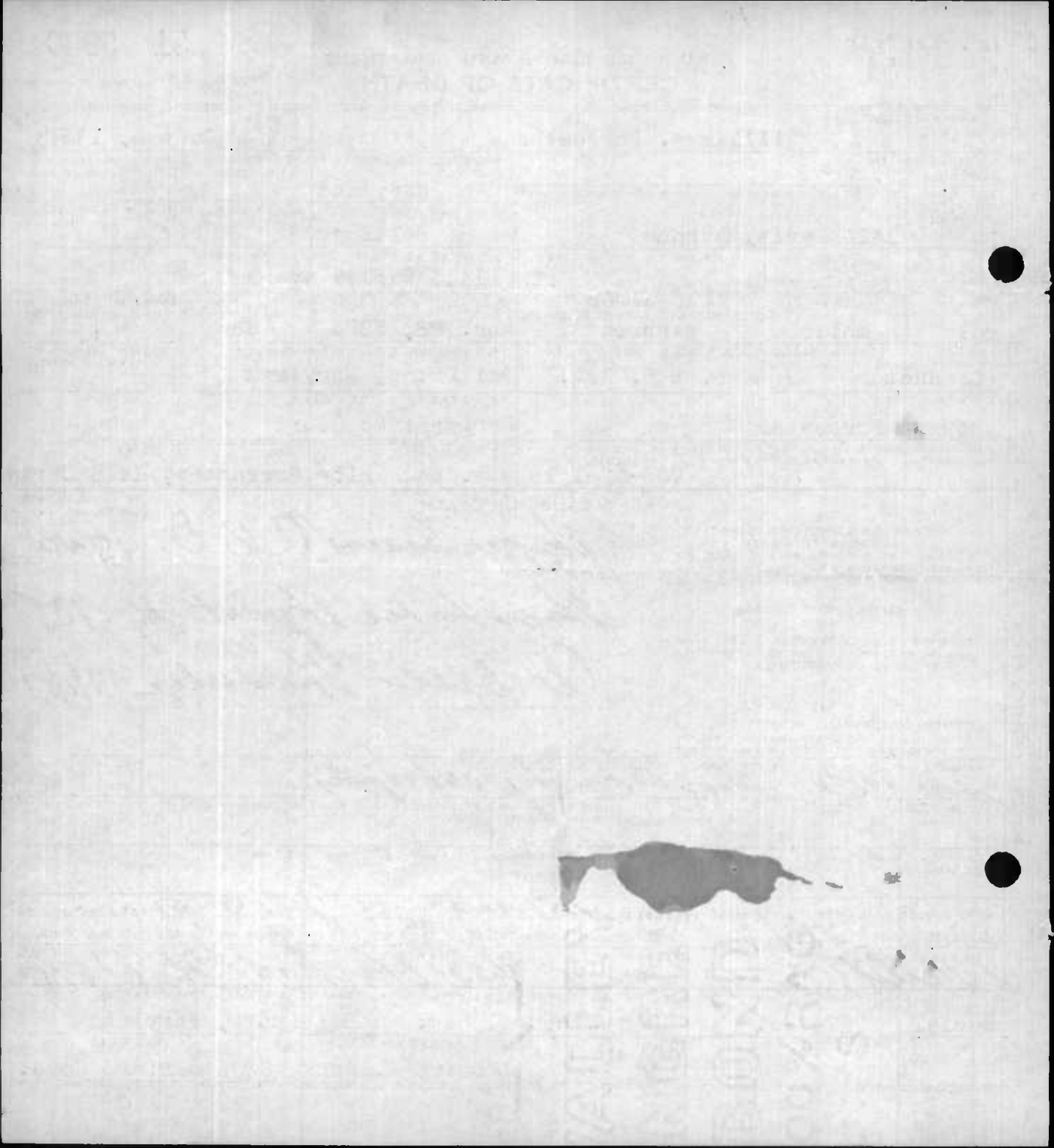
25. FUNERAL DIRECTOR

ADDRESS

JUL 7-1951

Huntington Hall 510

Leonard J. Ruck, 5305 Harford Road.



51 5964

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5964

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary B. Vladar

2. DATE
OF
DEATH

July 6/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Maryland Gen Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

26-02

D. STREET ADDRESS (If rural, give location)

5109 Green Hill Ave.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 2, 1877

9. AGE (In years
last birthday)

73

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.S.W.F.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Vaclav Benda

14. MOTHER'S MAIDEN NAME

Mary Bolek

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MR. ALBERT VLADAR - 5109 Greenhill

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CORONARY Occlusion

10 Min

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized Arterio sclerosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 6/26, 1951, to 7/6, 1951, that I last saw the
deceased alive on 7/6, 1951, and that death occurred at 8:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 7 - 1951

L. J. Ruck

5305 Hartford Rd.

VS 150

94a

correct age is extremely important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

RECEIVED

RECEIVED
JAN 10 1962
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

51 5965

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5965

Registered No.

BIRTH NO.

S-530

1. NAME OF DECEASED
(Type or Print)

ERWIN Adolph SCHMITT

2. DATE

OF DEATH JULY 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Stevenson

D. STREET ADDRESS (If rural, give location)

5210

Length of stay in Baltimore

? Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

OCT 26, 1895

9. AGE (In years;
last birthday)

55

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Manager Steel Plant

Fabricating

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Karl Schmitt

14. MOTHER'S MAIDEN NAME

Juliana Klockner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

(If yes, give war or dates of service)

World War I

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Therese Schmitt, Stevenson, Md.

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

? days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

1. Cerebrovascular thrombosis? days
2. Hypertensive Cardiovascular disease? years
3. Atherosclerotic Cardiovascular disease? years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Adhesive pericarditis

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-6, 1951, to 7-6, 1951, that I last saw the deceased alive on 7-6, 1951, and that death occurred at 1:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

M. D.

23B. ADDRESS

Union Memorial Hospital, Baltimore 18 Maryland

23C. DATE SIGNED

July 6, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

7/6/51

24C. NAME OF CEMETERY OR CREMATORY

--

24D. LOCATION (City, town, or county) (State)

Union City, N. J.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 7-1951

Theodore J. Nelson

St. John's Lutheran Church, Stevenson, Md.

CERTIFICATE OF DEATH

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1900

REPORT

OF THE

COMMISSIONERS OF THE DEPARTMENT OF HEALTH

FOR THE YEAR 1899

ALBANY: J. B. LIPPINCOTT & CO., PRINTERS.

1900.

51 5966

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5966

Registered No.

BIRTH NO. B-200

1. NAME OF DECEASED
(Type or Print)

MARY LAURA BUSEY

2. DATE
OF
DEATH

July 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1529 Bolton St.

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1529 Bolton St.

14-01

Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Feb. 4, 1875

9. AGE (in years
last birthday)

76

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
housewife10B. KIND OF BUSINESS OR
INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Waters

14. MOTHER'S MAIDEN NAME

Mary Rawlings

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. T. V. Morgan - 1529 Bolton St.

18. 4201

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946 to July 1951, that I last saw the
deceased alive on July 1951, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/7/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

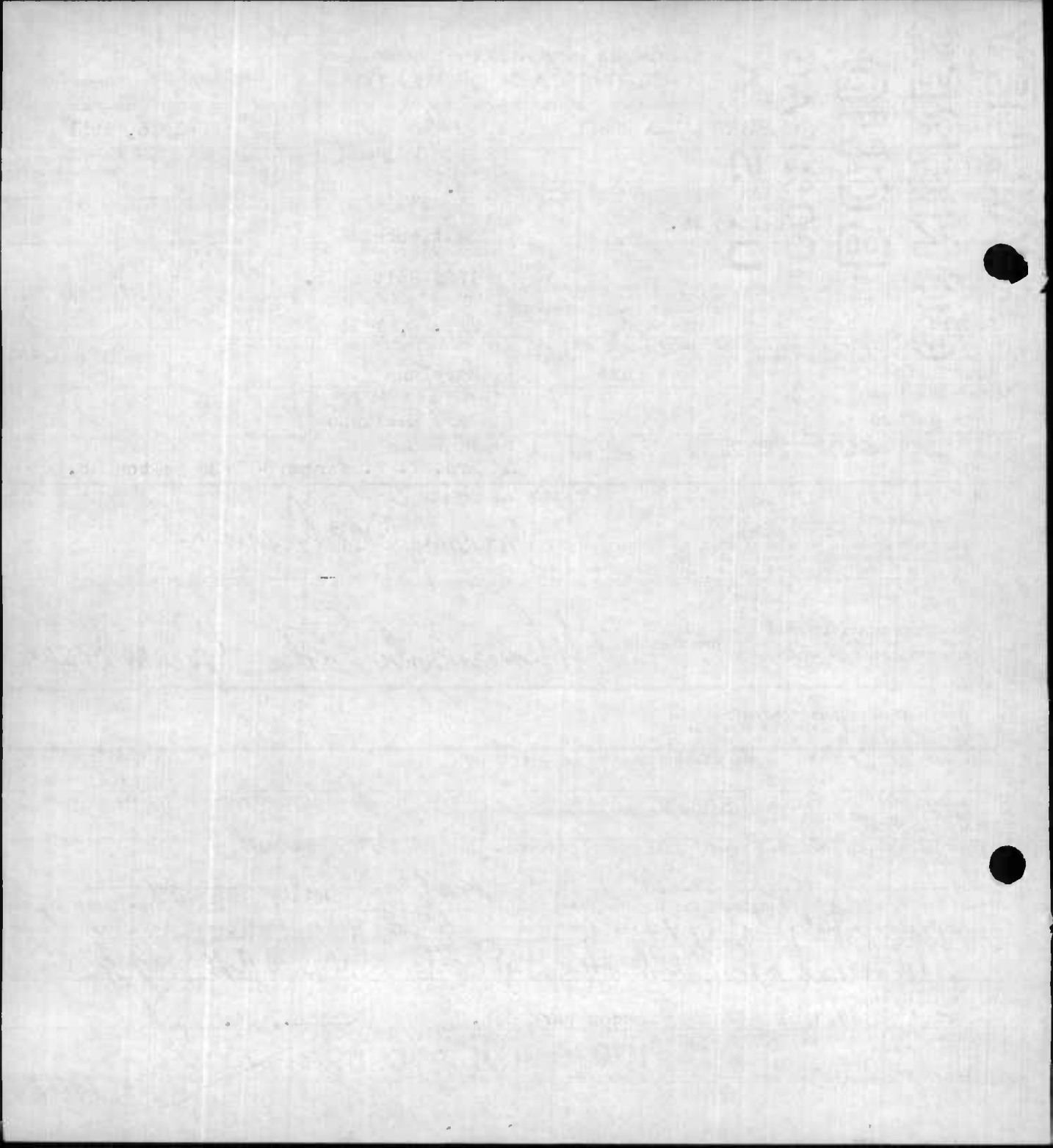
ADDRESS

JUL 7-1951

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

932



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5967

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Brother Giles, Ring-Christain Brother

2. DATE
OF
DEATH

7/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Amundale, Md. 6600

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Jan 11 1875

9. AGE (In years last birthday)

75

10. Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CHRISTIAN BROTHER

10B. KIND OF BUSINESS OR INDUSTRY

TEACHER

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

IRE.

13. FATHER'S NAME

Joseph Ring

14. MOTHER'S MAIDEN NAME

Bridget Brennan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Hospital Records

ADDRESS

18. H50.0 and E90.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive Thiria

DUE TO

1 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Anemia Secondary

DUE TO

3 wks.

(C) Sen. Arteriosclerosis

several yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY

R. J. Fisher

J. K. Paoli, Jr.

19A. DATE OF OPERATION

5/7/51

19B. MAJOR FINDINGS OF OPERATION

Fract. 3rd Hip.

CHIEF OR ASST. MEDICAL EXAMINER.

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Amundale, Md.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

4-26-51

21E. INJURY OCCURRED

A. m.

WHILE AT WORK ☒

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Fell from Rocking Chair

22. I hereby certify that I attended the deceased from 7/1, 1951, to 7/6, 1951, that I last saw the deceased alive on 7/6, 1951, and that death occurred at 2:26 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Donald P. Kramer

M. D.

23B. ADDRESS

3204 E. Bay Ave. Mercy Hosp

23C. DATE SIGNED

7/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

July 19, 1951

24C. NAME OF CEMETERY OR CREMATORY

Amundale Normal Institute

24D. LOCATION (City, town, or county)

Amundale, Md (R. Co. City)

DATE RECEIVED BY LOCAL REGISTRAR

JUL 7 - 1951

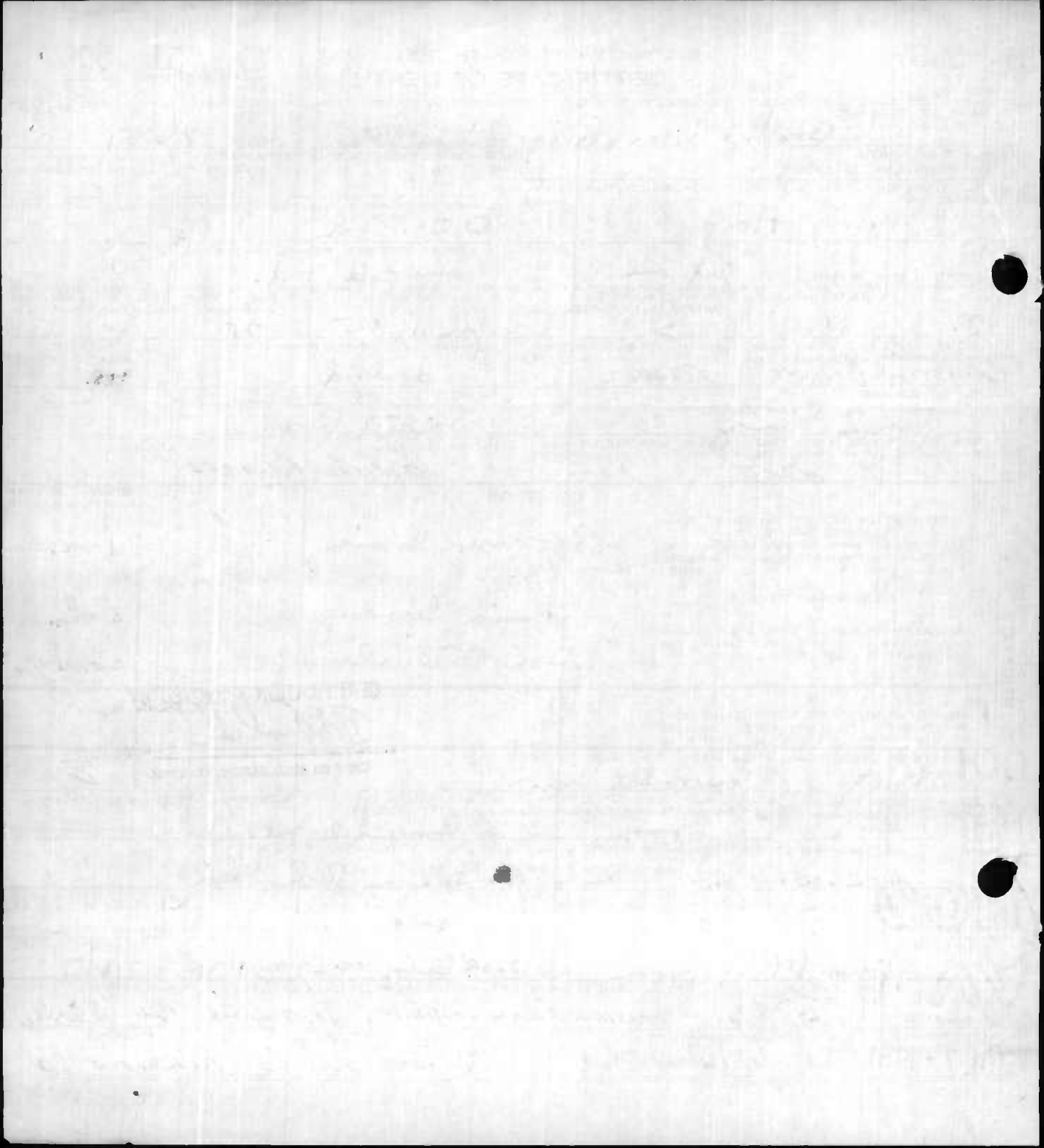
REGISTRAR'S SIGNATURE

W. W. Chambers

25. FUNERAL DIRECTOR

W. W. Chambers Co - Riverdale, Md

ADDRESS



630
51 5968BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5968

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Katherine A. Hardy

2. DATE
OF
DEATH

July 6-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF : (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4703 Hampnett Ave

Yrs.

Mos.

Days

C. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baito

D. STREET ADDRESS (If rural, give location)

6217 Everett Ave

8. DATE OF BIRTH

Nov 30-1870

9. AGE (in years
last birthday)

80 yrs

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Baito City

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Wm Burke

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mr Chas. F. Hardy, 3318 Bayanna Ave

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardio Vascular system
Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebral Hemorrhage 4 days

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1930, to 7/6, 1951, that I last saw the
deceased alive on 7/6, 1951, and that death occurred at 7:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Theodore Solley

23B. ADDRESS

M. D.

5703 Hackett Rd

23C. DATE SIGNED

7/7/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/9/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county) (State)

Baito

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 7-1951

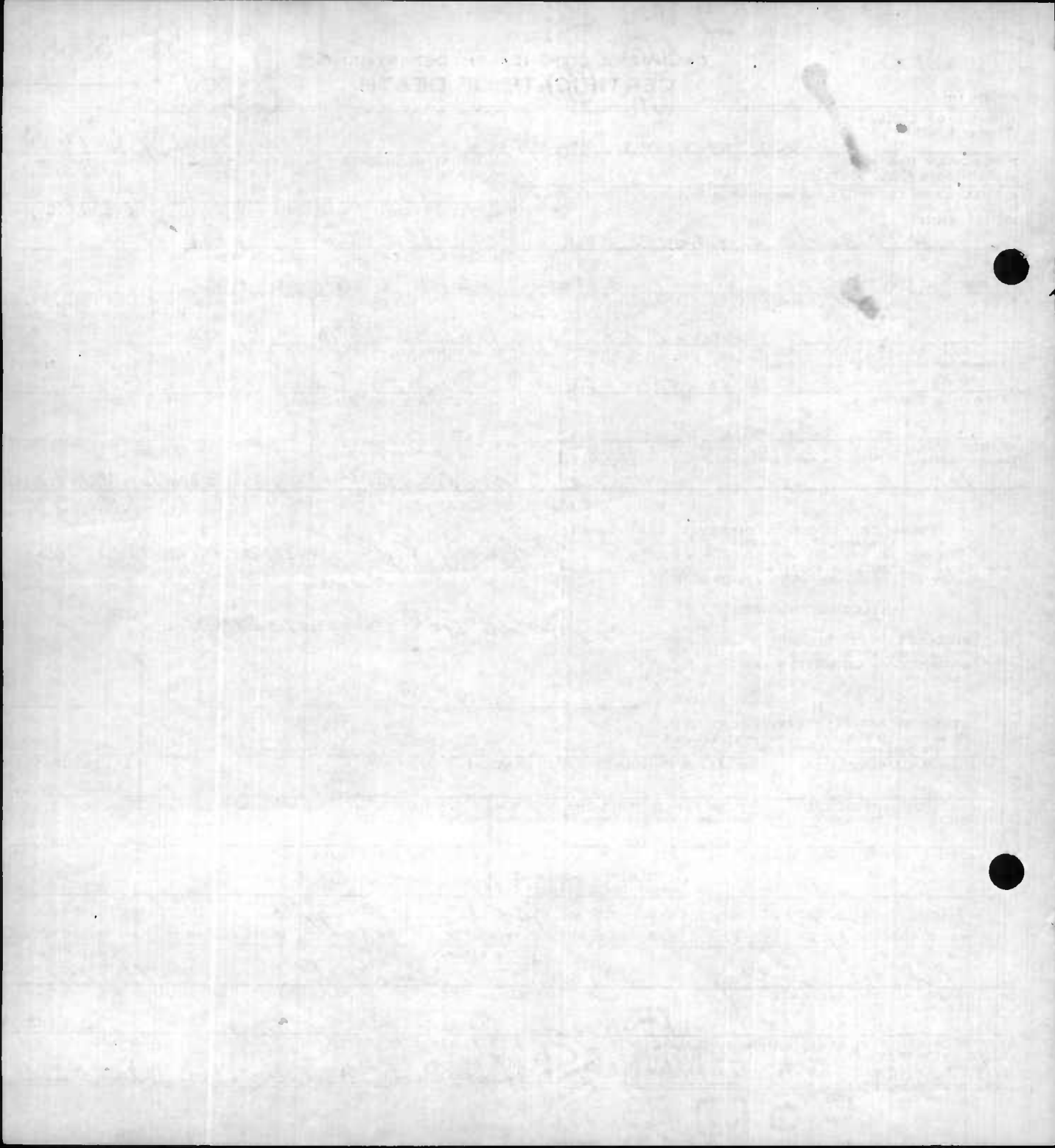
REGISTRAR'S SIGNATURE

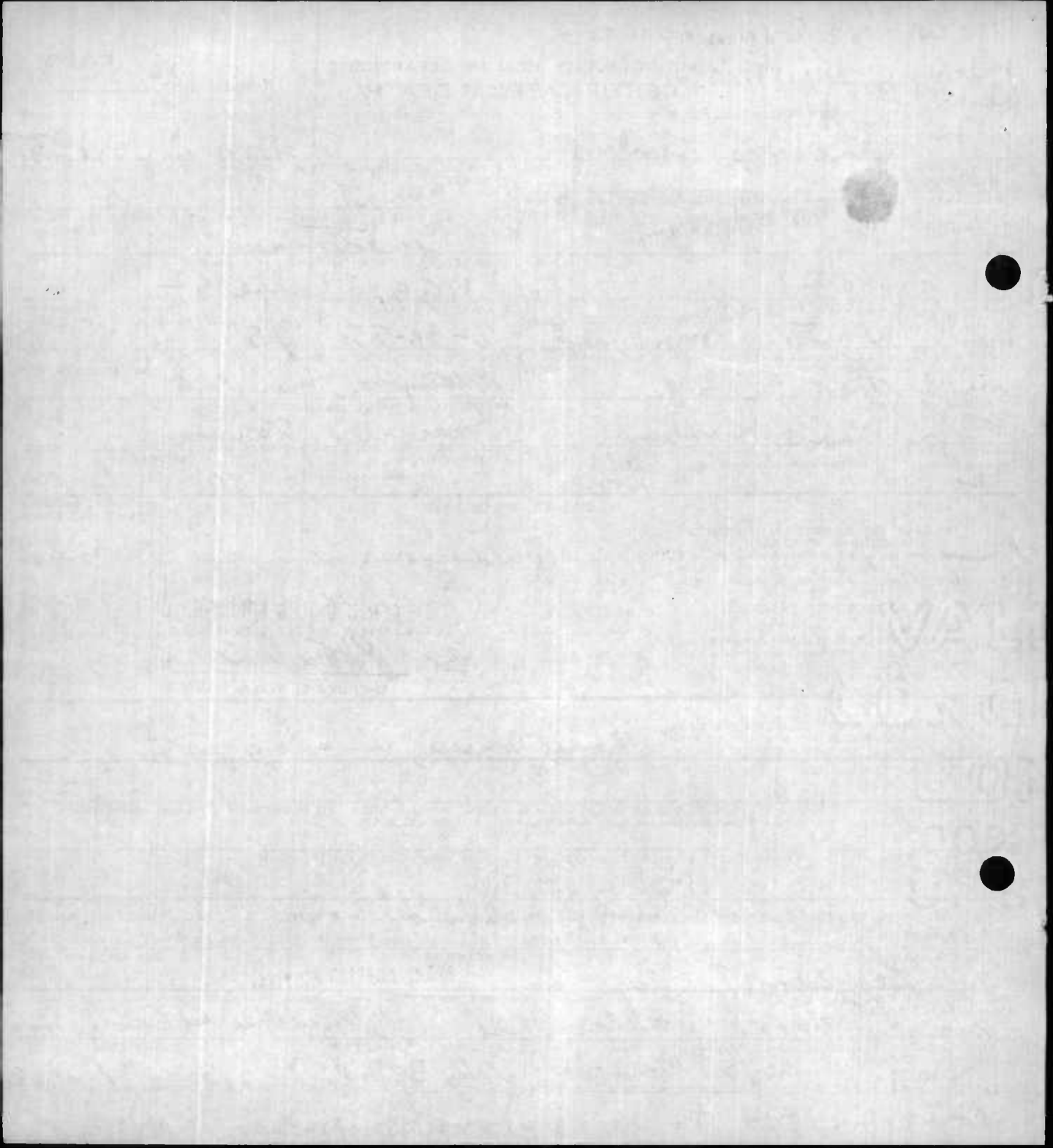
Wm. H. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Lasswell Funeral Home 7401 Belair Rd.





BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5970

Registered No. _____

51 5970
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lawrence M. Carey		2. DATE OF DEATH July 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3238 Brendan Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3238 Brendan Ave.			
5. SEX male		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH May 14, 1885	
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamfitter-retired	
11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Charles J. Carey		14. MOTHER'S MAIDEN NAME Mary Kane	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Charles Carey-Son-3238 Brendan Ave.		ADDRESS Charles Carey-Son-3238 Brendan Ave.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Coronary Thrombosis on wall		INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arteriosclerosis		DUE TO _____
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Sensibility		DUE TO _____

19A. DATE OF OPERATION July 2, 1951		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **July 2, 1951**, to **July 6, 1951**, that I last saw the deceased alive on **July 6, 1951**, and that death occurred at **6:30 AM** from the causes and on the date stated above.

23A. SIGNATURE Joan Miller	23B. ADDRESS 1215 Charles St.	23C. DATE SIGNED 7/6/51
--------------------------------------	---	-----------------------------------

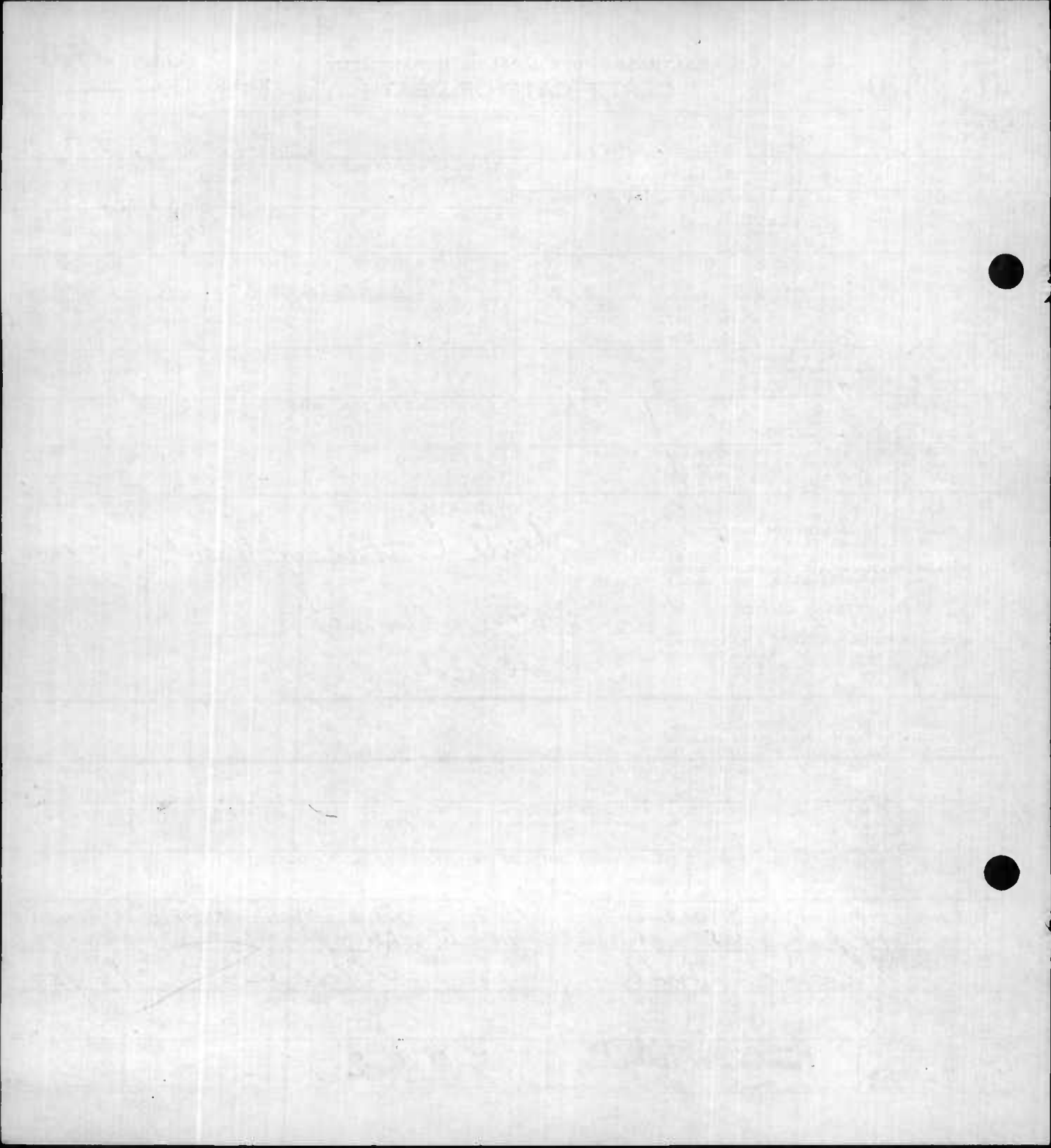
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 9, 1951	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Old Frederick Rd. Balto. Md
DATE RECEIVED BY LOCAL REGISTRAR JUL 7-1951	REGISTRAR'S SIGNATURE Thurston Williams, Jr.	25. FUNERAL DIRECTOR KRAUSE FUNERAL HOME-1216S. Charles St.	

574 24

94a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 5971**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOY L. MENTZER

2. DATE
OF
DEATH

July 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
3601 Wabash Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Md.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
3601 Wabash Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Dec. 11, 1882

9. AGE (in years last birthday)

68

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Owner

10B. KIND OF BUSINESS OR INDUSTRY
Retail Auto Repair

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

-

Mentzer

14. MOTHER'S MAIDEN NAME

-

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Virginia R. Mentzer - 3601 Wabash Ave

18. **576 X I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Congestive heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chronic pulmonary Emphysema

DUE TO

(C)

Bronchitis - 13 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 1948** to **July 6, 1951**, that I last saw the deceased alive on **July 6, 1951** and that death occurred at **12:45 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Lester Kabo

M. D.

23B. ADDRESS

705 Medvale

23C. DATE SIGNED

7-7-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/9/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JUL 7 - 1951

REGISTRAR'S SIGNATURE

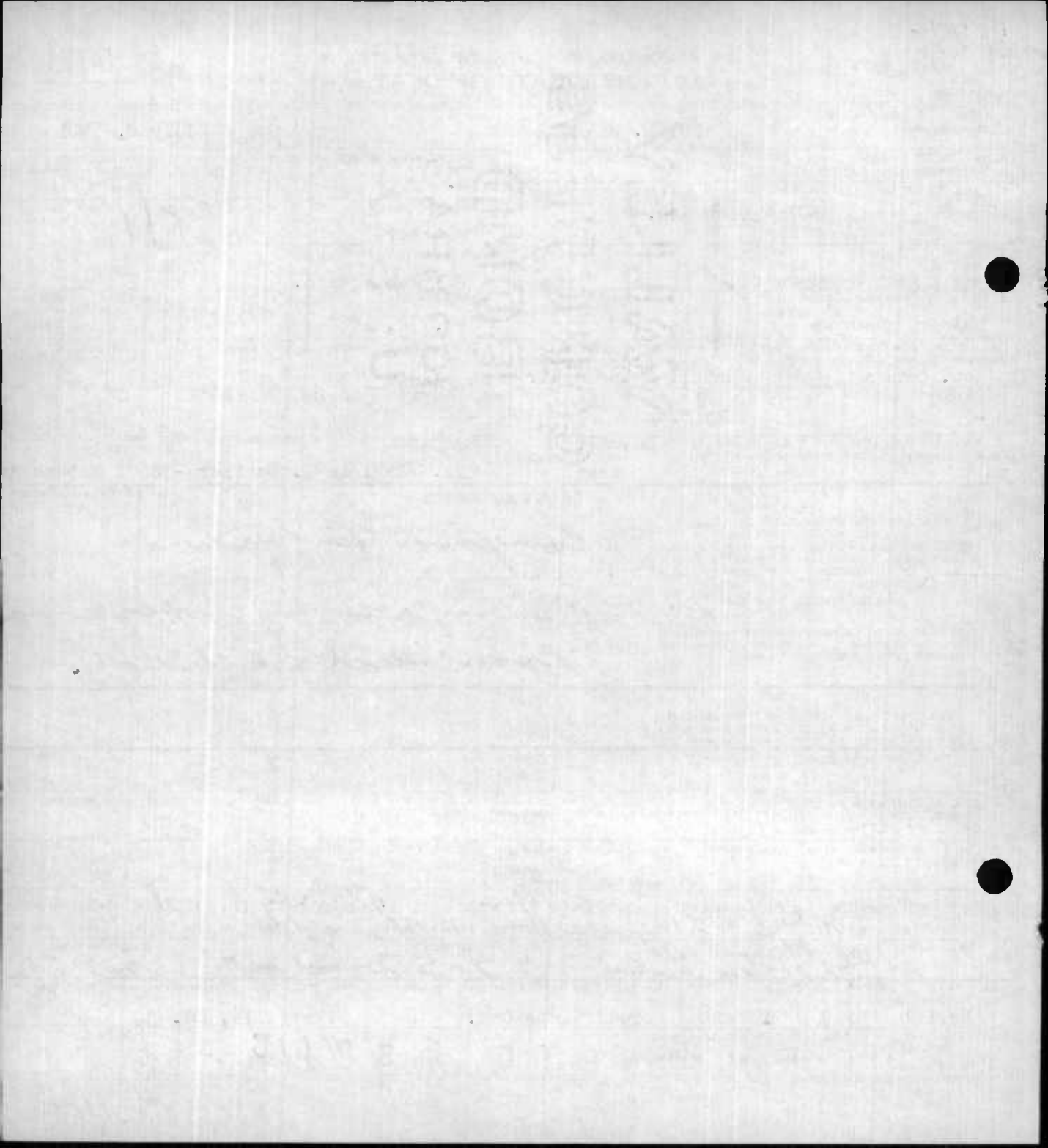
Walter H. Williams

25. FUNERAL DIRECTOR

Wm. J. Lechner & Sons

ADDRESS

106 B. Balto, Md.



453
51 5972BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5972

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Dr. Aloysius W. Valentine		2. DATE OF DEATH July 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1120 N. Calvert St		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1120 N. Calvert Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 17, 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor		10B. KIND OF BUSINESS OR INDUSTRY Medicine	9. AGE (In years last birthday) 74
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Francis Valentine		14. MOTHER'S MAIDEN NAME Mary R. Pedosta	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Miss Katherine T. Valentine 1120 N. Calvert St.	
17. INFORMANT ADDRESS Miss Katherine T. Valentine 1120 N. Calvert St.			

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 477.1 I CAUSE OF DEATH Arteriosclerotic Cardio-vascular disease & Cardiac Decompensation.	INTERVAL BETWEEN ONSET AND DEATH 9 mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 9	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 20, 1950 to July 5, 1951, that I last saw the deceased alive on July 5, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE Dr. J. J. Williams M. D. 23B. ADDRESS Medical Arts Bldg. 23C. DATE SIGNED July 7, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 9, 1951	24C. NAME OF CEMETERY OR CREMATORY Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland.
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DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1951	REGISTRAR'S SIGNATURE J. J. Williams, M.D.	25. FUNERAL DIRECTOR R. W. M. ...	ADDRESS 805 N. Calvert St.
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5973

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARGARET (MALGORZATA) TYLISZ

2. DATE
OF

DEATH **July 6, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

805 S. Luzerne Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, give rural and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

805 S. Luzerne Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Unknown

9. AGE (in years last birthday)

67

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Household

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

----- Krzyzowski

14. MOTHER'S MAIDEN NAME

Catherine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
218 05 9196A

17. INFORMANT ADDRESS
Mr. Frank Tylisz, 1117 S. East Avenue

18. **443 X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Hypertensive Pneumonia

DUE TO

(B)

Central Vascular Sudden

DUE TO

(C)

Hypertensive Arterio Sclerotic Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 3**, 19**51**, to **July 6**, 19**51**, that I last saw the deceased alive on **July 5**, 19**51**, and that death occurred at **2:25** p. m., from the causes and on the date stated above.

23A. SIGNATURE

Melvin J. Janowski

23B. ADDRESS

2711 Carter Ave.

23C. DATE SIGNED

7/5/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/9/51

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

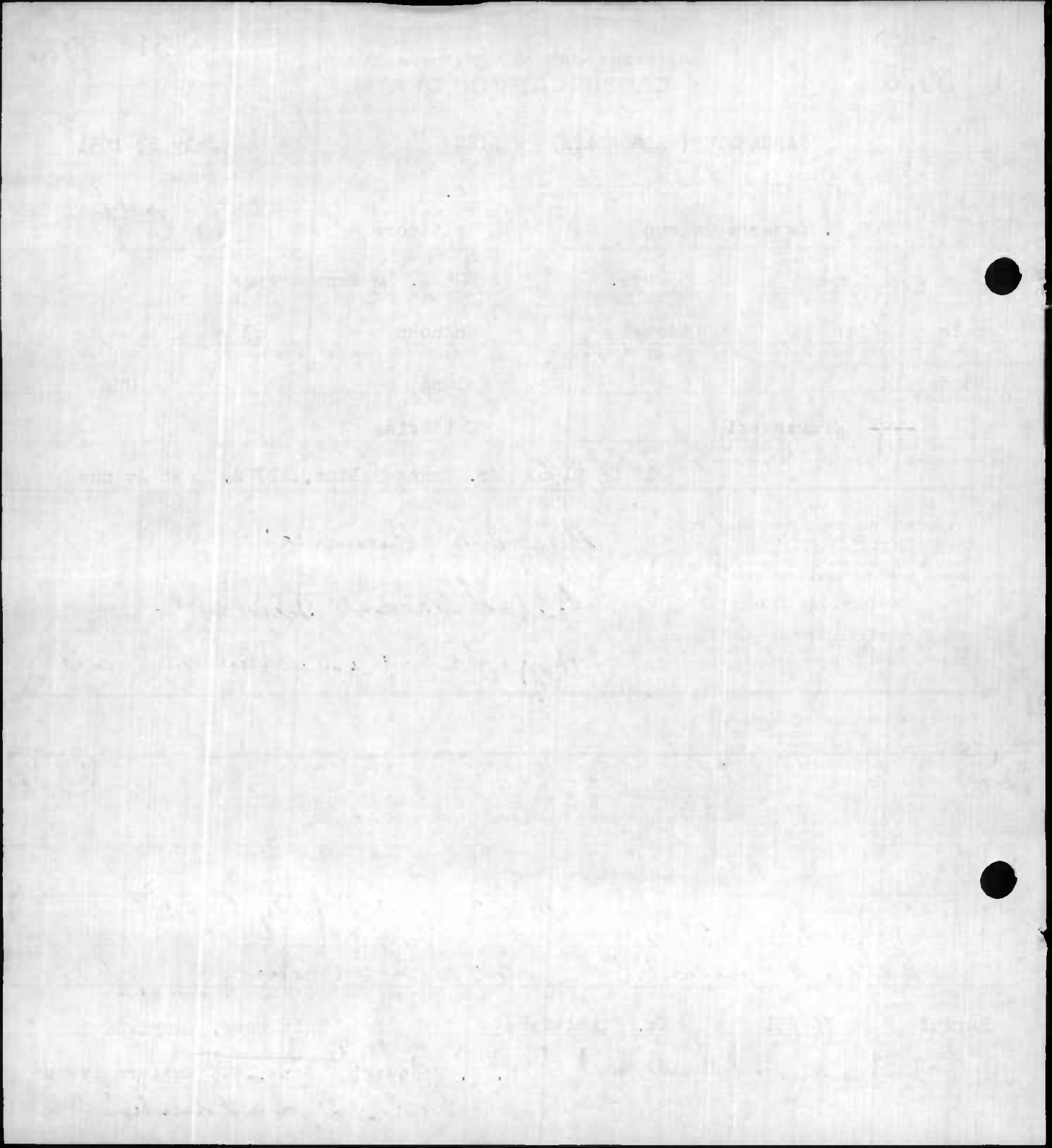
ADDRESS

M. F. Sadowski & Sons, 1508 Eastern Avenue

Charles D. Sadowski 937

MEDICAL CERTIFICATION

Important: If physician, please write the cause of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 5974**

BIRTH NO. **5974**

1. NAME OF DECEASED (Type or Print) LEVY WHITAKER		2. DATE OF DEATH July 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1236 E. Preston St. 3rd floor		9. AGE (In years last birthday) 40 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
5. LENGTH OF STAY IN BALTIMORE 10 yrs Yrs. Mos. Days		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
6. SEX Male	6. COLOR OR RACE colored	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Harbor	
10B. KIND OF BUSINESS OR INDUSTRY Gas & Electric Co		11. BIRTHPLACE (State or foreign country) Enfield N. C.	
12. CITIZEN OF WHAT COUNTRY? ✓		13. FATHER'S NAME John Whitaker	
14. MOTHER'S MAIDEN NAME Ida William		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Lery Whitaker 1817 N. Carroll St	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Luetic heart disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

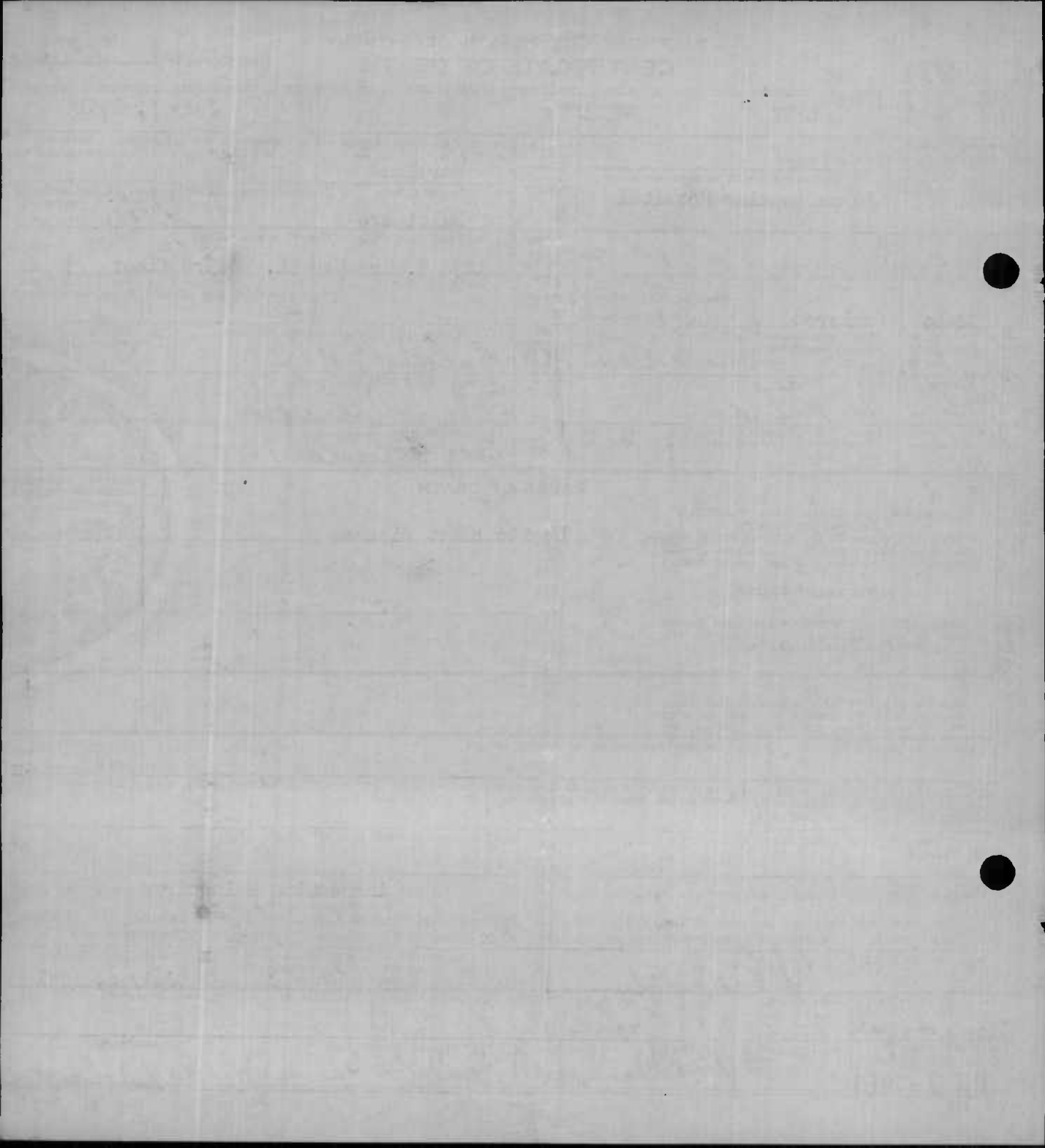
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE R. Fisher	23B. CHIEF MEDICAL EXAMINER M.D. Joseph B. Lock	23C. DATE SIGNED July 6, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried	24B. DATE 7-7-51	24C. NAME OF CEMETERY OR CREMATORY Enfield, N. C.
24D. LOCATION (City, town, or county) (State) 1304 N. Carroll St		

DATE RECEIVED BY LOCAL REGISTRAR JUL 7-1951	REGISTRAR'S SIGNATURE Joseph B. Lock	25. FUNERAL DIRECTOR Joseph B. Lock	ADDRESS 1304 N. Carroll St
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correct age is especially important. Physicians, please print the causes of death clearly and fully.



352
51 5975BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5975

BIRTH NO.

51-15/93

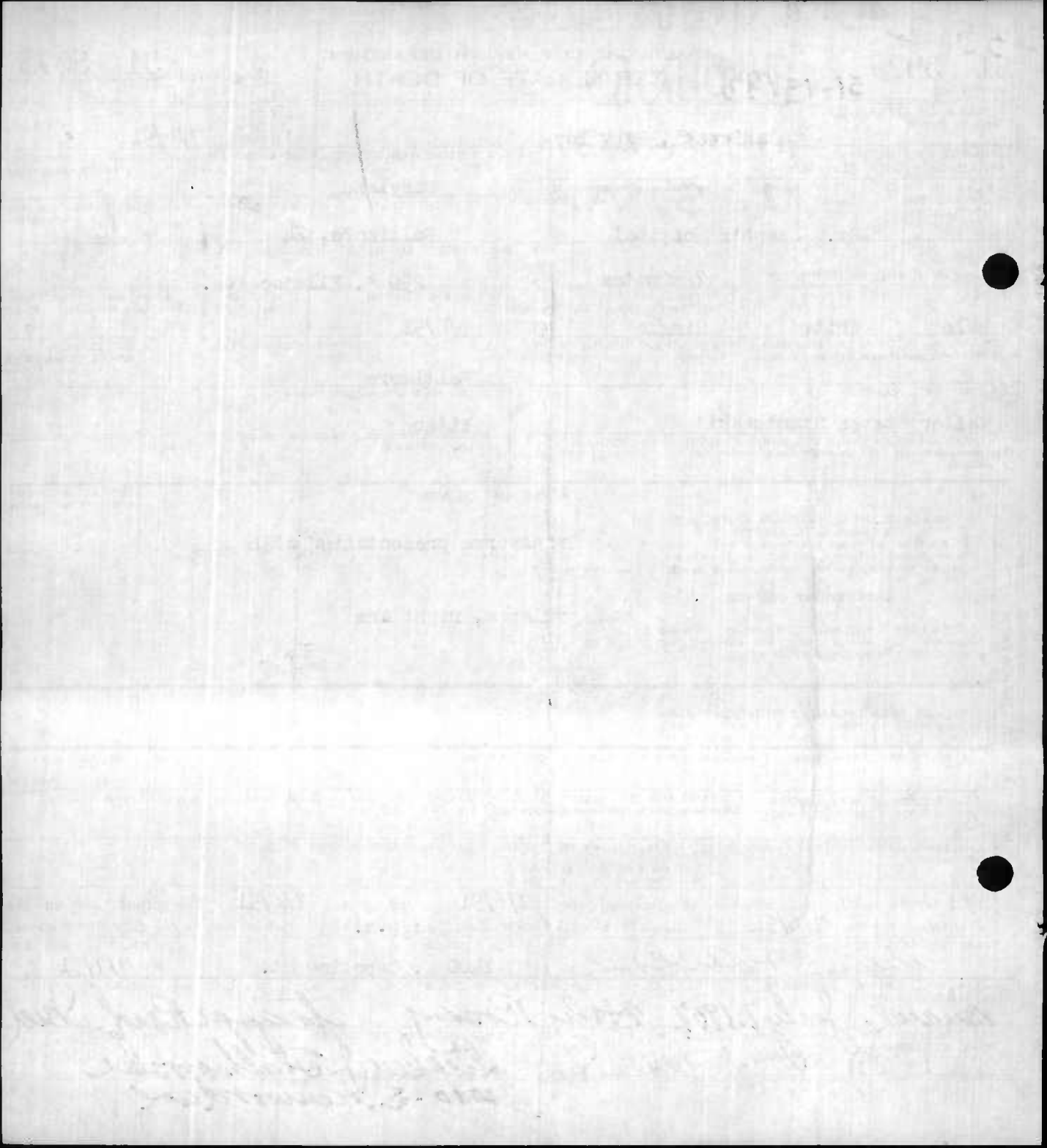
1. NAME OF DECEASED (Type or Print) Staniewski, Baby Boy			2. DATE OF DEATH 7/6/51		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 24		
length of stay in Baltimore 7 minutes Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 1250 S. Ellwood Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7/6/51		9. AGE (in years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min. 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME Walter Steven Staniewski			14. MOTHER'S MAIDEN NAME Kitko		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 761.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Transverse presentation with prolapse, right arm	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

MEDICAL CERTIFICATION

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/6/51 , 19 7 , to 7/6/51 , 19 7 , that I last saw the deceased alive on 7/6/51 , 19 7 , and that death occurred at 7: pm from the causes and on the date stated above.					
23a. SIGNATURE William F. Brown		23b. ADDRESS 1400 N. Caroline St.		23c. DATE SIGNED 7/7/51	

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 7, 1951		24c. NAME OF CEMETERY OR CREMATORY Holy Cross		24d. LOCATION (City, town, or county) (State) Trappe Road Ind	
DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1951		REGISTRAR'S SIGNATURE William F. Brown		25. FUNERAL DIRECTOR Stephen J. Tralowski		ADDRESS 1000 2 S. Kenwood Ave	



200
Dr. Steven's

51 5976

Hugo & Harford
51 5976BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bertha J. Rouse

2. DATE
OF
DEATH

July 5, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2902 Echodale Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-06

D. STREET ADDRESS (If rural, give location)

2902 Echodale Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Feb. 7, 1876

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Emil Mueller

14. MOTHER'S MAIDEN NAME

Theresa Sarbacher

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Rudolph E. Rouse, 2902 Echodale

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Bronchopneumonia

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Larynx of Disease

13 yrs

(C)
DUE TOMetastatic Lesions of Breast
Gland

2 weeks

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension, Atherosclerosis, Myocardium

3 yrs

19A. DATE OF OPERATION

1938

19B. MAJOR FINDINGS OF OPERATION

Ca Cancer

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1951, to July 5, 1951, that I last saw the
deceased alive on July 5, 1951, and that death occurred at 3:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas F. A. Stevens

M. D.

23B. ADDRESS

2878 Harford Rd

23C. DATE SIGNED

7-6-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7-9-51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

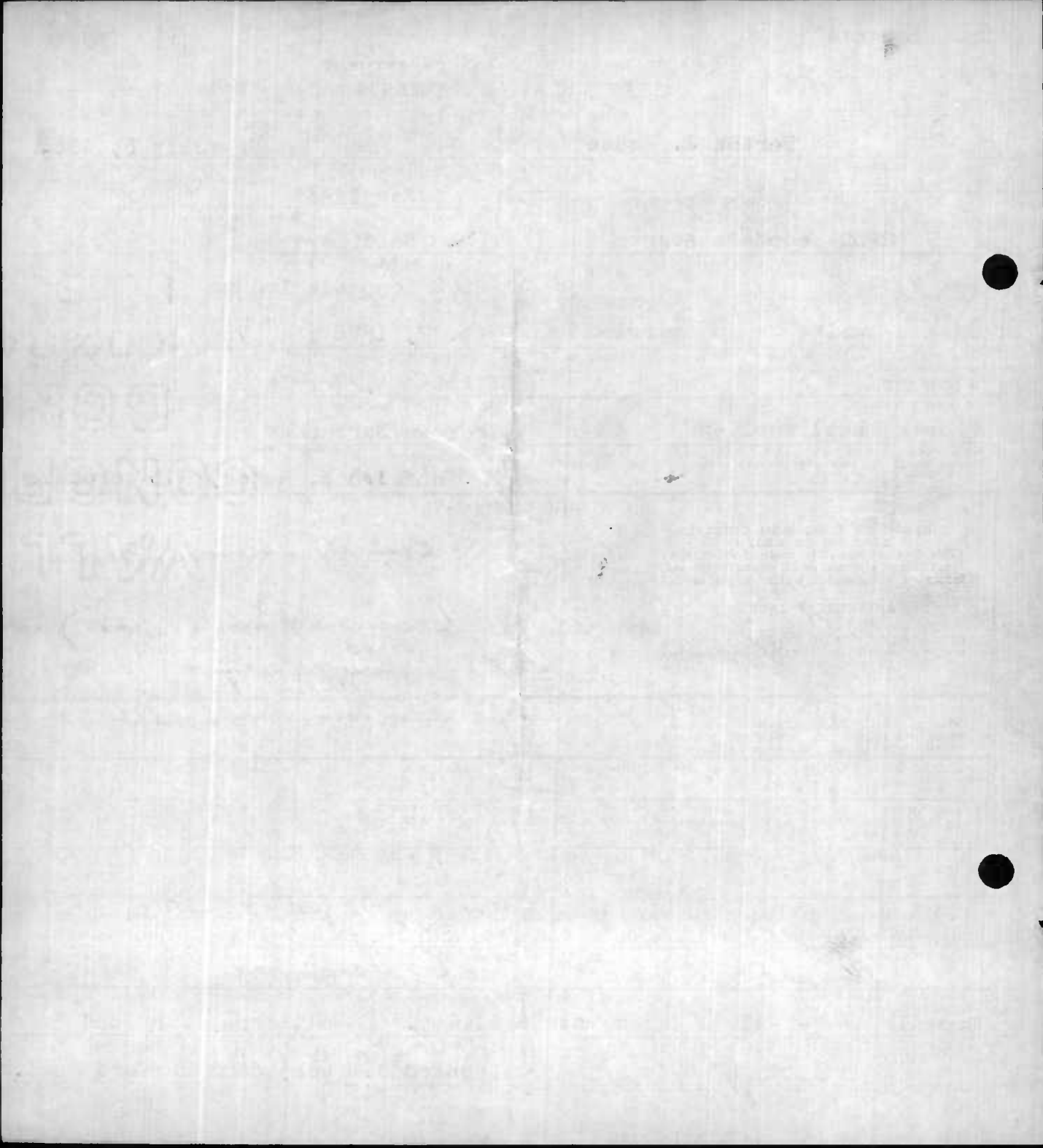
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 5977
400

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5977

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>GOLLOWAY Virginia</i>		2. DATE OF DEATH <i>7.7-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Anne Arundel</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Franklin Sq. Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>222 Meadow St. 5200</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S.</i>	8. DATE OF BIRTH <i>10/12/1906</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <i>44</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Pa.</i>	
13. FATHER'S NAME <i>Clyde Golloway</i>		12. CITIZEN OF WHAT COUNTRY? <i>yes.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <i>Clara Caster</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

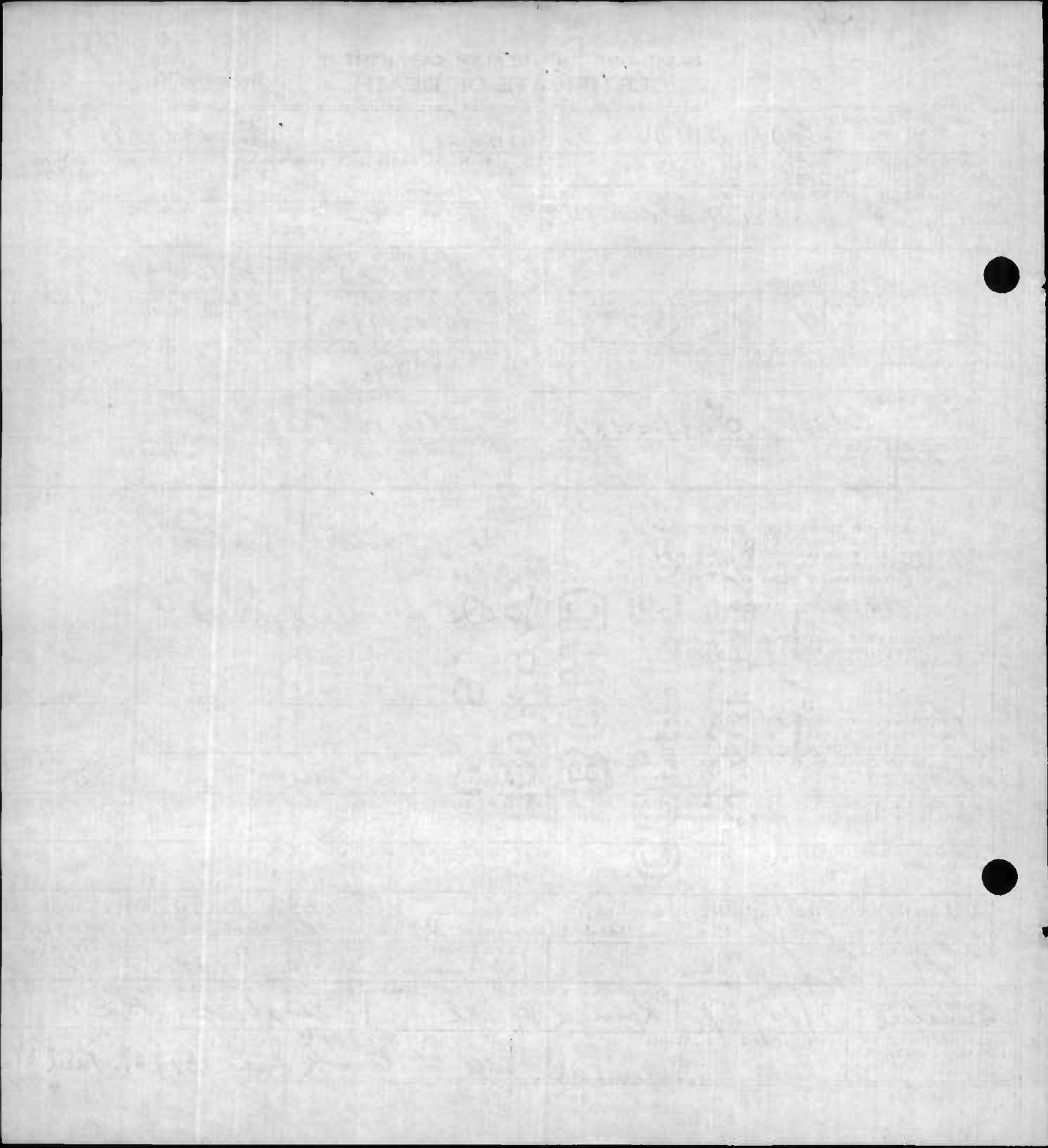
18. <i>7824</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial failure</i> (A) DUE TO	CAUSE OF DEATH <i>Myocardial failure</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>cause undetermined</i> (B) DUE TO	<i>cause undetermined</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>5-18-51</i>	19B. MAJOR FINDINGS OF OPERATION <i>perforation jejunum spontaneous.</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July 3, 1951*, to *July 7, 1951*, that I last saw the deceased alive on *July 7, 1951*, and that death occurred at *2:35 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE *Wm. B. Bowers* M. D. 23B. ADDRESS *Franklin Sq. Bldg.* 23C. DATE SIGNED *7-7-51*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7/10/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Round Hill</i>	24D. LOCATION (City, town, or county) (State) <i>Elyabille Pa.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 8-1951</i>	REGISTRAR'S SIGNATURE <i>Wm. B. Bowers</i>	25. FUNERAL DIRECTOR <i>Wm. B. Bowers</i> ADDRESS <i>1217 St. Paul St.</i>	



51 5978

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5978
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martin S. Piatt Sr.

2. DATE
OF
DEATH

July 6-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, or institution: residence
before admission)

A. STATE

B. COUNTY

Maryland
Baltimore 21-01B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1031 W. Barre St.

D. STREET ADDRESS (If rural, give location)

1031 W. Barre St.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 14-1888

9. AGE (in years
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Lecturer

11. BIRTHPLACE (State or foreign country)

Wheeling - W. Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James R. Piatt

14. MOTHER'S MAIDEN NAME

Emma Reese

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

If yes, give war or dates of service

World War I

16. SOCIAL
SECURITY NO.

284-07-4316

17. INFORMANT

Martin S. Piatt Jr. 1031 W. Barre St.

ADDRESS

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arterial fibrillation

DUE TO

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ✓

DUE TO

(C) ✓

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from June 20th 1951, to July 6, 1951, that I last saw the
deceased alive on July 6, 1951, and that death occurred at 12³⁰ P.m., from the causes and on the date stated above.

23A. SIGNATURE

Harris Kates

M. D.

23B. ADDRESS

517 Scott St

23C. DATE SIGNED

July 7/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

July 9-1951

Mt. Olivet

2930 Greengrove Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 8-1951

Cunnington Williams, M.D.

Schorfberg Funeral Home

1126 W. Cross St.

[Faint, mostly illegible handwriting covering the upper and middle portions of the page. Some words like "March 2nd" and "1891" are faintly visible.]

[Faint handwriting at the bottom of the page, including what appears to be a date "12/5/91" and a signature or name.]

51 5979

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 5979
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Henry Koslowski		2. DATE OF DEATH July 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2227 W. PRATT ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-05	
5. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 2227 W. PRATT ST.	
5. SEX MALE	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1878 DEC. 11, 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher		9. AGE (In years last birthday) 72	
10B. KIND OF BUSINESS OR INDUSTRY Meat Packing		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME HERDINAND Koslowski (M)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. 216-01-4088A	
17. INFORMANT MARY T. Koslowski		ADDRESS 2227 W PRATT ST.	

18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH Sudden
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardio Vascular Disease (B) DUE TO Hypertension (C)	14 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cholelithiasis	7 days

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **4/7**, 19**32**, to **7/6**, 19**51**, that I last saw the deceased alive on **7/6**, 19**51**, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE **Eliot W. Schum** M. D. 23B. ADDRESS **3432 Frederick Ave** 23C. DATE SIGNED **7/6/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) 13491AL		24B. DATE 7-10-51		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER		24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 8 - 1951		REGISTRAR'S SIGNATURE Winston Williams		25. FUNERAL DIRECTOR George L. Schwab		ADDRESS 2101 Frederick Ave	

correct age is necessary important. Informants please print.

MEDICAL CERTIFICATION

Beith A. 28383
1978

242 51 5980

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5980

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEONARD G. DOUGLAS

2. DATE
OF
DEATH

July 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

8. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Union Memorial Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-05D. STREET ADDRESS (If rural, give location)
3123 Clearview Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Mar. 13, 1928

9. AGE (In years
last birthday) 23 yrs.

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
chauffeur10B. KIND OF BUSINESS OR INDUSTRY
Gas & Electric11. BIRTHPLACE (State or foreign country)
Deltaville, Virginia12. CITIZEN OF
WHAT COUNTRY?13. FATHER'S NAME
Allen Douglas14. MOTHER'S MAIDEN NAME
Bertie Barnes15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL SECURITY NO.
215-24-5993

17. INFORMANT

ADDRESS

Mrs. Nancy Douglas, 3123 Clearview

18. E.E. 15. 4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple abrasions and contusions

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Rupture of right kidney

DUE TO

(C) Lobar pneumonia & cerebral hemorrhage

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)
street21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?
Clearview and Shadow Lawn 27/521D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
June 28, 1951-10:5021E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Motorcycle collided with truck

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

July 7, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

7-9-51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR
JUL 8-1951

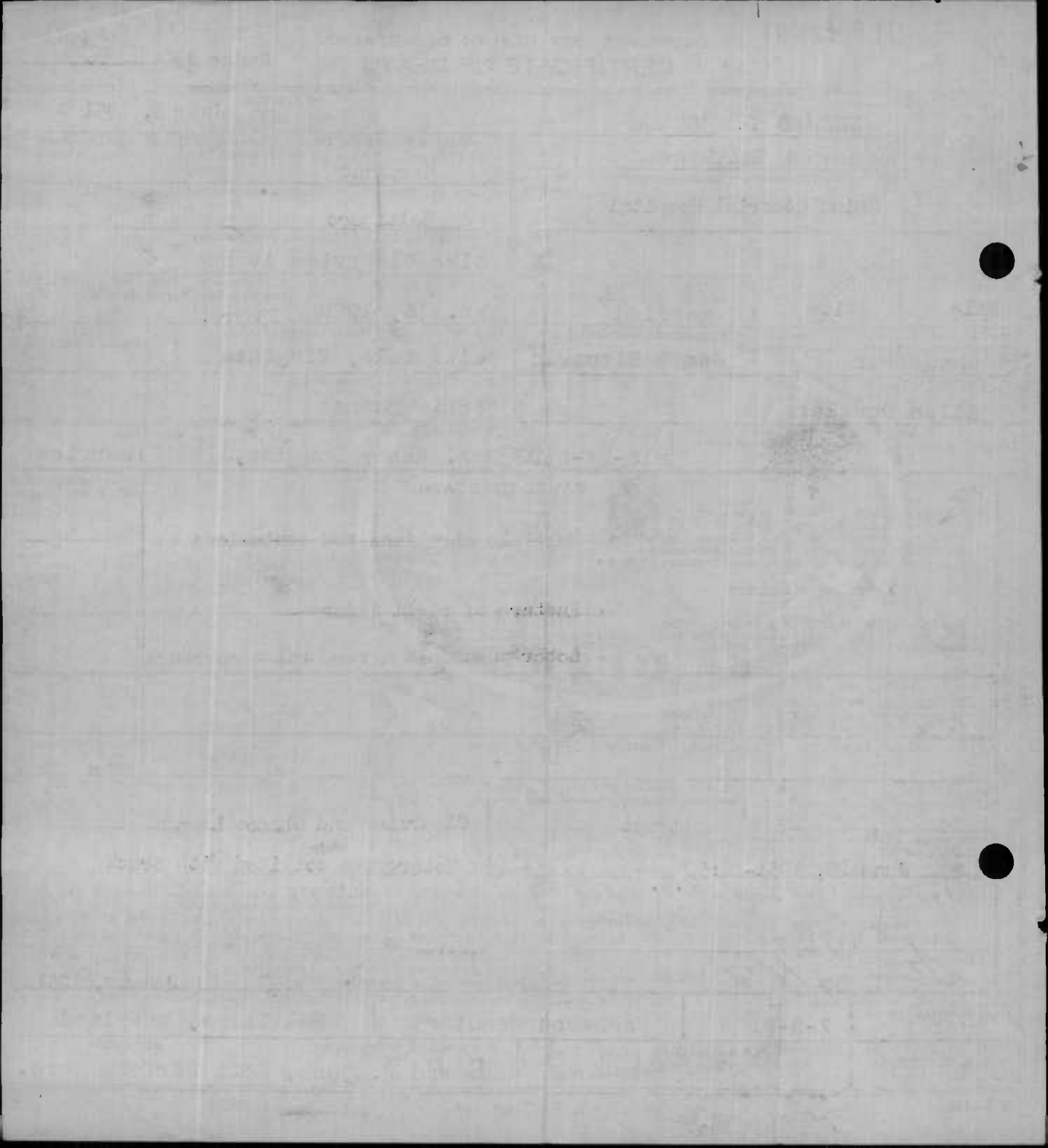
REGISTRAR'S SIGNATURE

Leonard J. Ruck

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.



51 5981

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5981

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Benjamin Naiman

2. DATE
OF
DEATH

7-7-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Levindale Aged Home

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1808 Moreland Avenue

C. Length of stay in Baltimore

48 yrs.

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1883

9. AGE (in years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

Cleaning & Pressing

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Isidore Naiman

14. MOTHER'S MAIDEN NAME

Rae Nachmovitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sol Naiman- 2811 Ridgewood Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cancer of the stomach with
retroperitoneal metastases

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic heart disease

4 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-12, 1951, to 7-7, 1951, that I last saw the
deceased alive on 7-7, 1951, and that death occurred at 7:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/8/51

24C. NAME OF CEMETERY OR CREMATORY

Anshei Nesina

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 8 - 1951

Huntington Williams

Sol. Levinson & Bros. 1124-26 W.

VS 150

5906 E

46 R North Avenue

600 51 5982

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5982

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SYLVAN R. Shor			2. DATE OF DEATH July 6, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-38		
D. STREET ADDRESS (If rural, give location) 3703 Springdale Avenue			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH	9. AGE (in years last birthday) 29	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Baltimore Md			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME David			14. MOTHER'S MAIDEN NAME Fannie		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Fannie Shor			ADDRESS Baltimore		

18. **E 9776 X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Bullet wound of head**

DUE TO

ANTECEDENT CAUSES

Suicide

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Northeast corner Cathedral Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

July 6, 1951 8:10 P.M.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, **suicide** ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley J. Burckhardt M.D.23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED **July 7, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7-8-51

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

JUL 8 - 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis 2100 Canton Rd

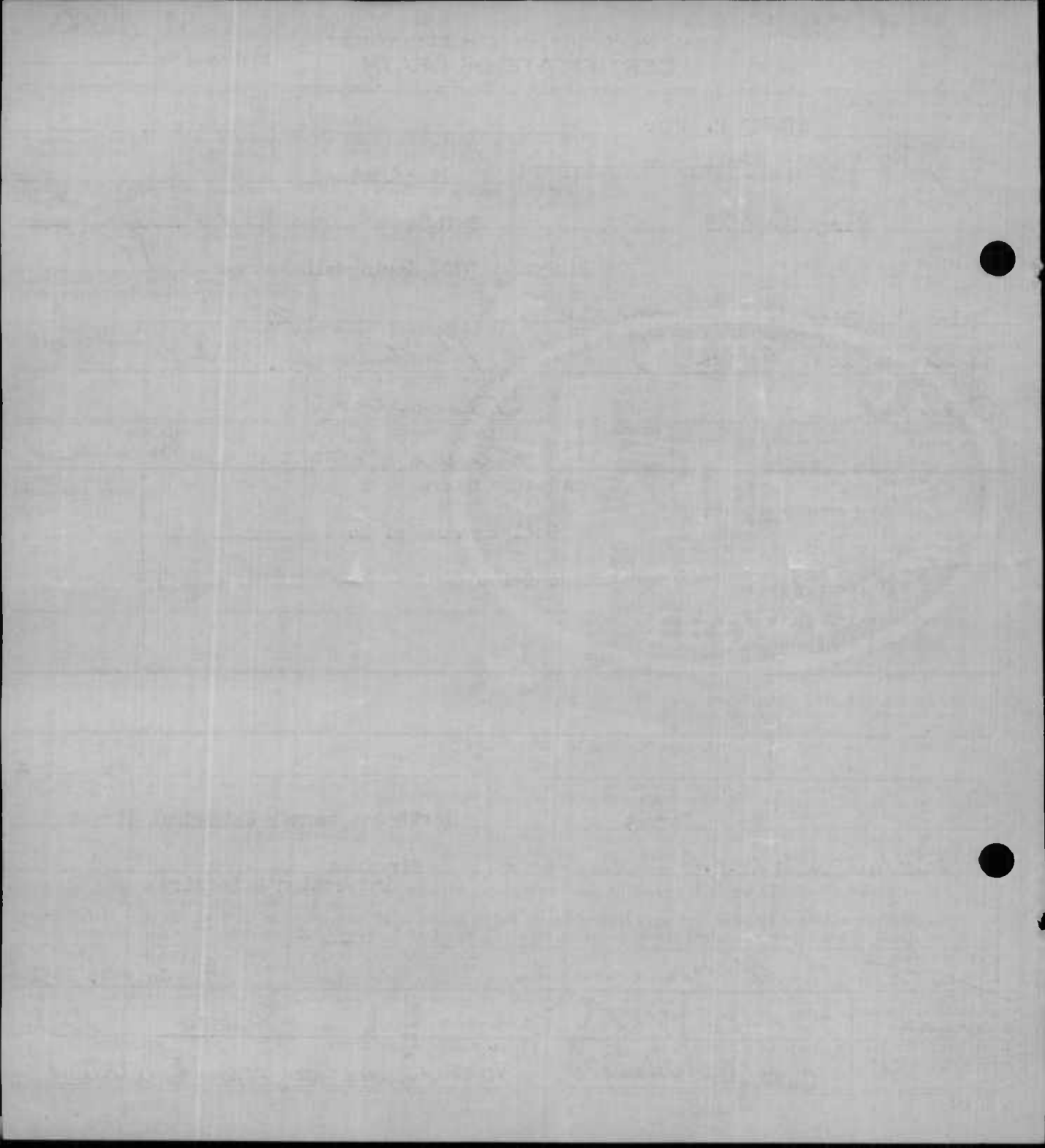
VS 151

N-803.4

67355

164c

correct age is 29 years important. Physicians, please write at least 10 years.



Pence

000

51 5983

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5983

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES A. Nee

2. DATE
OF
DEATH

7/2/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2700 GRINDON AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

BALTO

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

27-02

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2700 GRINDON AVE

5. SEX

M

6. COLOR OR RACE

21.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWER

8. DATE OF BIRTH

NOV 12, 1863

9. AGE (In years
last birthday)

87

If Under 1 Year

Months

If Under 24 Hours

Hours

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

OAKLAND MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

THOMAS Nee

14. MOTHER'S MAIDEN NAME

MARY GALLAGHER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ADELPH METZGER 2700 GRINDON AVE

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic cardio

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Vascular Disease

DUE TO

(C)

5 Years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 4-28-1949 to 7-7-1951, that I last saw the
deceased alive on 7-5-1951, and that death occurred at 11 P. M., from the causes and on the date stated above.

23A. SIGNATURE

C. W. Pence

23B. ADDRESS

M. D.

4508 Hanford Rd

23C. DATE SIGNED

7-8-51

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Boriah

7/11/51

ST PETER & PAUL

CUMBERLAND MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 8 - 1951

Timothy H. Williams, M.D.

Theodore J. Pence 5303
Hanford Rd.

93D

correct age is necessary important. Physicians, please write the causes of death clearly and legibly.

620 51 5984

CERTIFICATE CORRECTED 6-25-52

51 5984

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

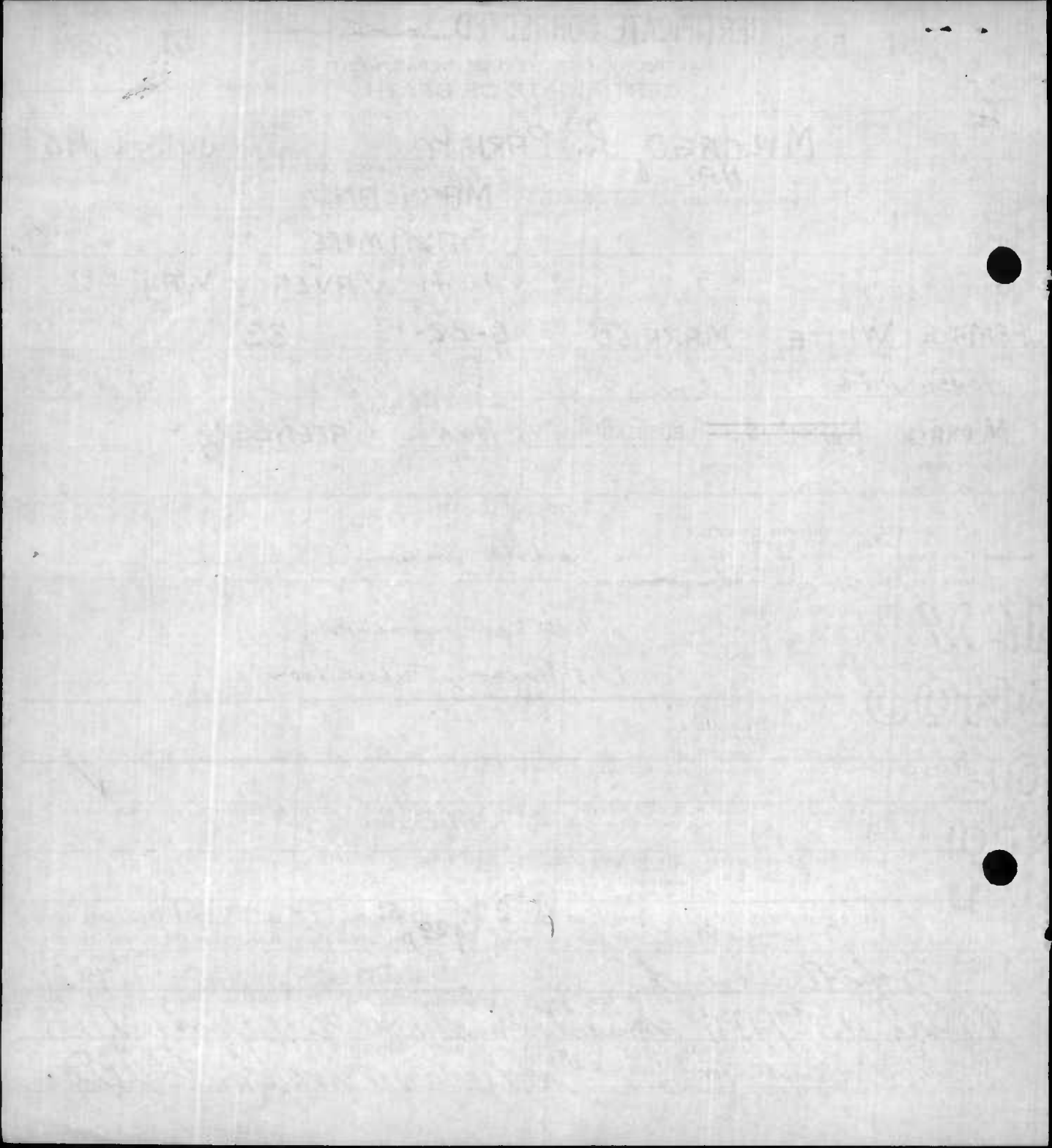
1. NAME OF DECEASED (Type or Print) MILDRED ROBBINS PARISH		2. DATE OF DEATH JULY 6, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland HAL 1		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE MARYLAND B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) MORRIS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore 9 Mo.		D. STREET ADDRESS (If rural, give location) 1641 WAVERLY WAY #12	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-22-18
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10B. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 33
13. FATHER'S NAME MORRIS RABBITUS ROBBINS		11. BIRTHPLACE (State or foreign country) Jersey City, N.J.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME Anna GREENBERG	
17. INFORMANT MORRIS HOPKINS HOSPITAL		ADDRESS	

18. DOX CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cerebral anoxia		
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Right pneumonitis		
DUE TO		
(C) Pulmonary tuberculosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7-6-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **6-27-51**, to **7-6-51**, that I last saw the deceased alive on **7-6-51**, and that death occurred at **9:20 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE John B. Burroughs		23B. ADDRESS MORRIS HOPKINS HOSPITAL		23C. DATE SIGNED 7/7/51
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	
Burial	Jul-7-51	probably Woodlawn	New York State	
DATE RECEIVED BY LOCAL REGISTRAR JUL 8-1951	REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	25. FUNERAL DIRECTOR Stewart Morris. Bald.		



600
51 5985BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5985

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eva E. Grewe

2. DATE
OF
DEATH

July 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

40 St. Agnes Caton & Wilkens Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

25-33

D. STREET ADDRESS (If rural, give location)

2226 Cedley St. #30

C. Length of stay in Baltimore

35

Yrs.

Mos.

Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

January 21, 1907 44 yrs

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Ellick

14. MOTHER'S MAIDEN NAME

Elizabeth Kahline

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

ADDRESS

Mr. Henry H. Grewe, 2226 Cedley St.

18. 519.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Acute Coronary Occlusion
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Left Hemithorax &
DUE TO Partial Collapse Left LungII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Marked Obesity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 7/3, 1951, to 7/6, 1951, that I last saw the
deceased alive on 7/6, 1951, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 9, 1951

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cemetery

24D. LOCATION (City, town, or county)

Glenburnie, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. L. Langreay

ADDRESS

4510 Liberty
Heights Ave.

51 5986

51 5986

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Kathryn MacDonald		2. DATE OF DEATH July 5, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-15	
6. Length of stay in Baltimore 65 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2412 Crest Road	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 28, 1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 65 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Not Known		11. BIRTHPLACE (State or foreign country) Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. 220-24-2708		14. MOTHER'S MAIDEN NAME Not Known	
17. INFORMANT G. Howard Strong		ADDRESS 3207 W. North Ave.,	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 1 hr?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary arteriosclerosis (B) DUE TO	10 yr
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Previous myocardial infarct (C) DUE TO	5 mth

19A. DATE OF OPERATION none	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) no	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY no	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11/29, 1950**, to **7/5, 1951**, that I last saw the deceased alive on **7/5, 1951**, and that death occurred at **11 Am.**, from the causes and on the date stated above.

23A. SIGNATURE **R. Maurice Feldman** M. D. 23B. ADDRESS **The Latrobe Charles & Read Bk** 23C. DATE SIGNED **7/6/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7-9-1951	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUL 8-1951	REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	25. FUNERAL DIRECTOR G. Howard Strong	
		ADDRESS 3207 W. North Ave.,	

REPORT
1941

1941

Classified Jan 2, 1980

51 5987

51 5987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIAN Wright

2. DATE
OF
DEATH

JUL 8 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
(If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

HOME HOPKINS

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Rt. 3 Box 35

6400

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 592X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 6-15-1951 to 7-8-1951, that I last saw the
deceased alive on 7-8-1951, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

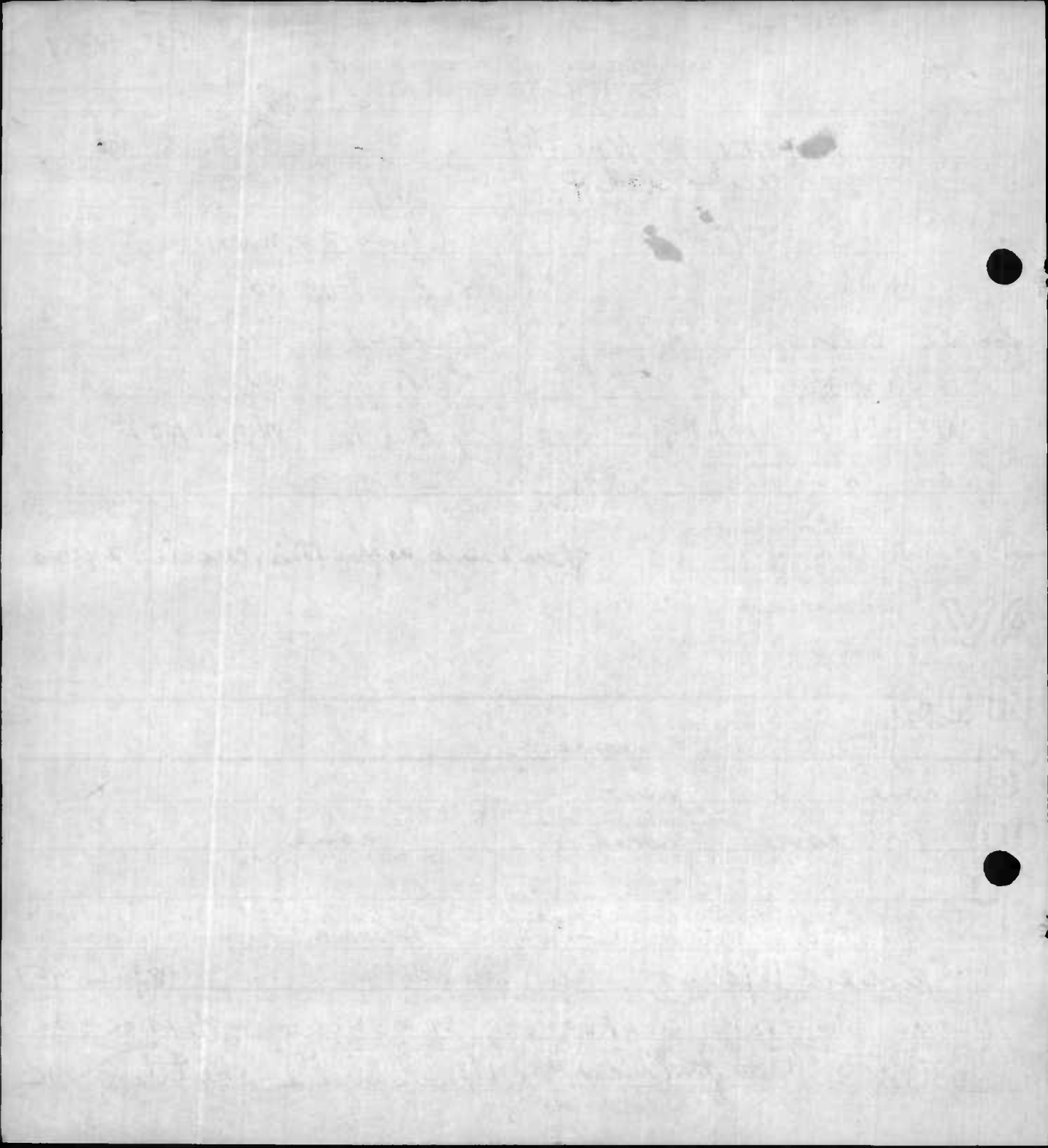
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 5988

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5988

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE

ARTIS

2. DATE
OF
DEATH

July 4, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

HOSPITAL OR

INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

19-01

D. STREET ADDRESS (If rural, give location)

317 N. Gilmor Street

Length of stay in Baltimore 20 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 25, 1907 43

9. AGE (in years
last birthday)

10 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stevadore

10B. KIND OF BUSINESS OR
INDUSTRY

Water Front

11. BIRTHPLACE (State or foreign country)

Wilson Co. Nc.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Ortis

14. MOTHER'S MAIDEN NAME

Lucy Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Nora Hooks 1008 Sarah Ann St

18. E 977X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Stab wound of the right inguinal region

~~XXXXX~~ with hemorrhage from right femoral
artery

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

317 N. Gilmor Street

21D. TIME (Month) (Day) (Year) (Hour)

July 4, 1951 4:15 P.m.

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☒
AT WORK

21F. HOW DID INJURY OCCUR?

Sharp instrument

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

July 5, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/9/1951

24C. NAME OF CEMETERY OR CREMATORY

Anderson Cem.

24D. LOCATION (City, town, or county)

Wilson North Carolina

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 9-1951

REGISTRAR'S SIGNATURE

T. W. Williams, M.D.

25. FUNERAL DIRECTOR

E. W. Wilson 1000 Brantly ave

ADDRESS

VS 151

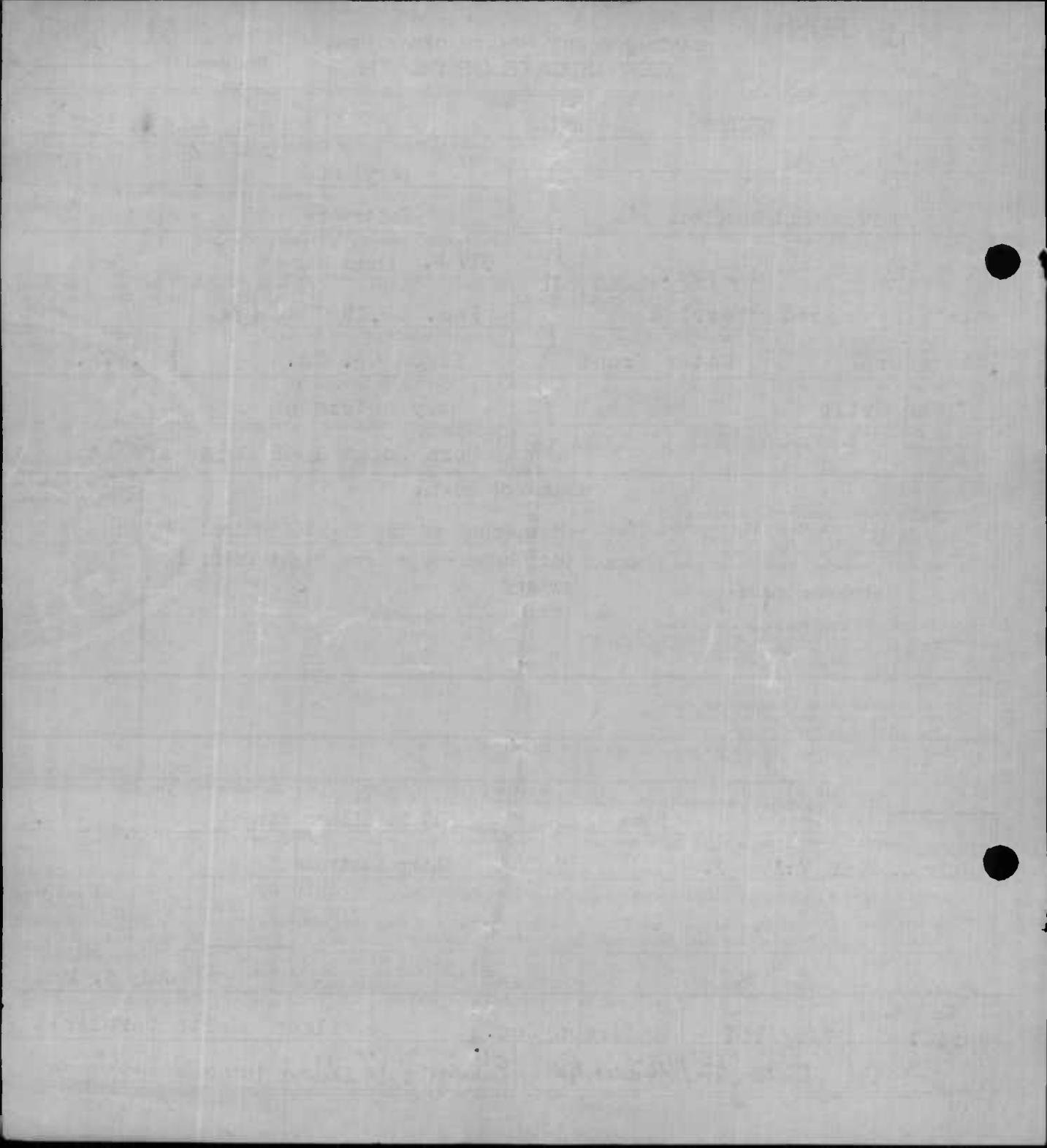
N-879 ✓

94055

167 L

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



51 5989
423BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 5989

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lucretia V. Clogett</i>		2. DATE OF DEATH <i>July 7, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3605 Calhoun Ave</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>" " "</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-11</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>3605 Calhoun Ave</i>	
5. SEX <i>Female</i>	6. COLOR OF RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 20, 1871</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>80</i>
13. FATHER'S NAME <i>Isaac Young</i>		11. BIRTHPLACE (State or foreign country) <i>Montgomery Co., Md</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>U. S. C.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Margaret Young</i>	
17. INFORMANT		ADDRESS	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i>	CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)	DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July 5, 1951*, to *July 7, 1951*, that I last saw the deceased alive on *July 7, 1951*, and that death occurred at *2 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Manuel Levin</i>	23B. ADDRESS <i>4815 Reisterstown Road</i>	23C. DATE SIGNED <i>7/7/51</i>
---------------------------------------	---	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>	24B. DATE <i>July 9, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Greenmount Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Maryland</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>9-1951</i>	REGISTRAR'S SIGNATURE <i>Winston Williams</i>	25. FUNERAL DIRECTOR <i>Young & Myers</i>	ADDRESS <i>3605 Calhoun Ave</i>

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5990
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

10. Under 1 Year
Months Days
11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 411X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/29, 1951, to 7/6, 1951, that I last saw the
deceased alive on 7/6, 1951, and that death occurred at 4:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 9 - 1951

St. Augustine Williams, M.D.

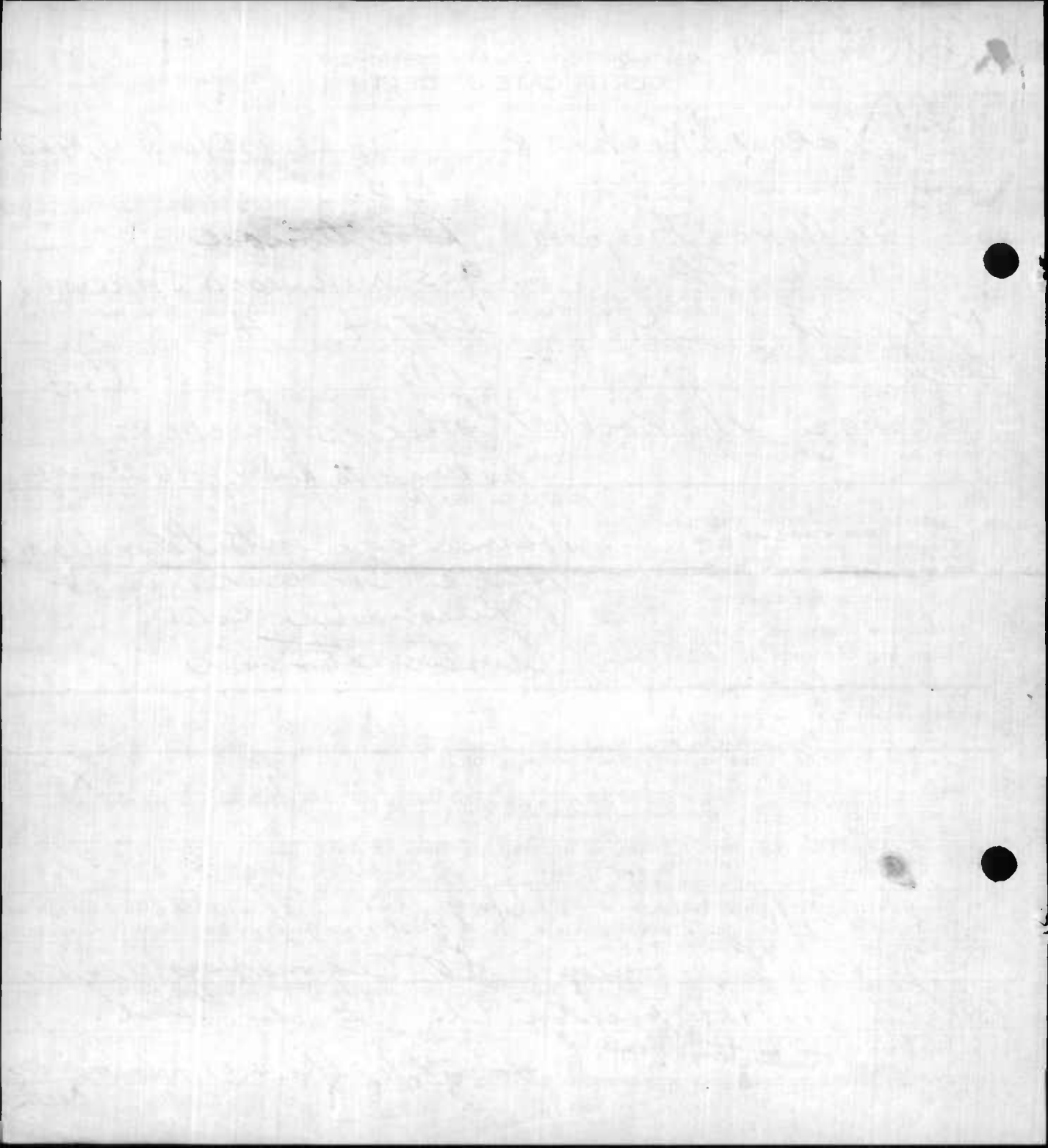
Henry J. Smith

4101 Edmondson

VS 150

3906J

92c Am



51 5991

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5991

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Birdie Cecelia Cain

2. DATE
OF
DEATH

July 8/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION 503 Lyndhurst St.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreO. STREET ADDRESS (If rural, give location)
503 Lyndhurst St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Oct. 13, 1883

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)
Balto. Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Pfefferkorn

14. MOTHER'S MAIDEN NAME

Cecelia Einstein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sam Pfefferkorn, Glenelg, Howard Co. Md.

1B.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Edema

1 1/2 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary Thrombosis

3 mos.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from July 5, 1951, to July 6, 1951, that I last saw the
deceased alive on 7/6, 1951, and that death occurred at 2:00 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4818 Edmondson

7/8/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

July 9/51

New Cathedral

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 9-1951

William H. Williams, Harry H. Williams

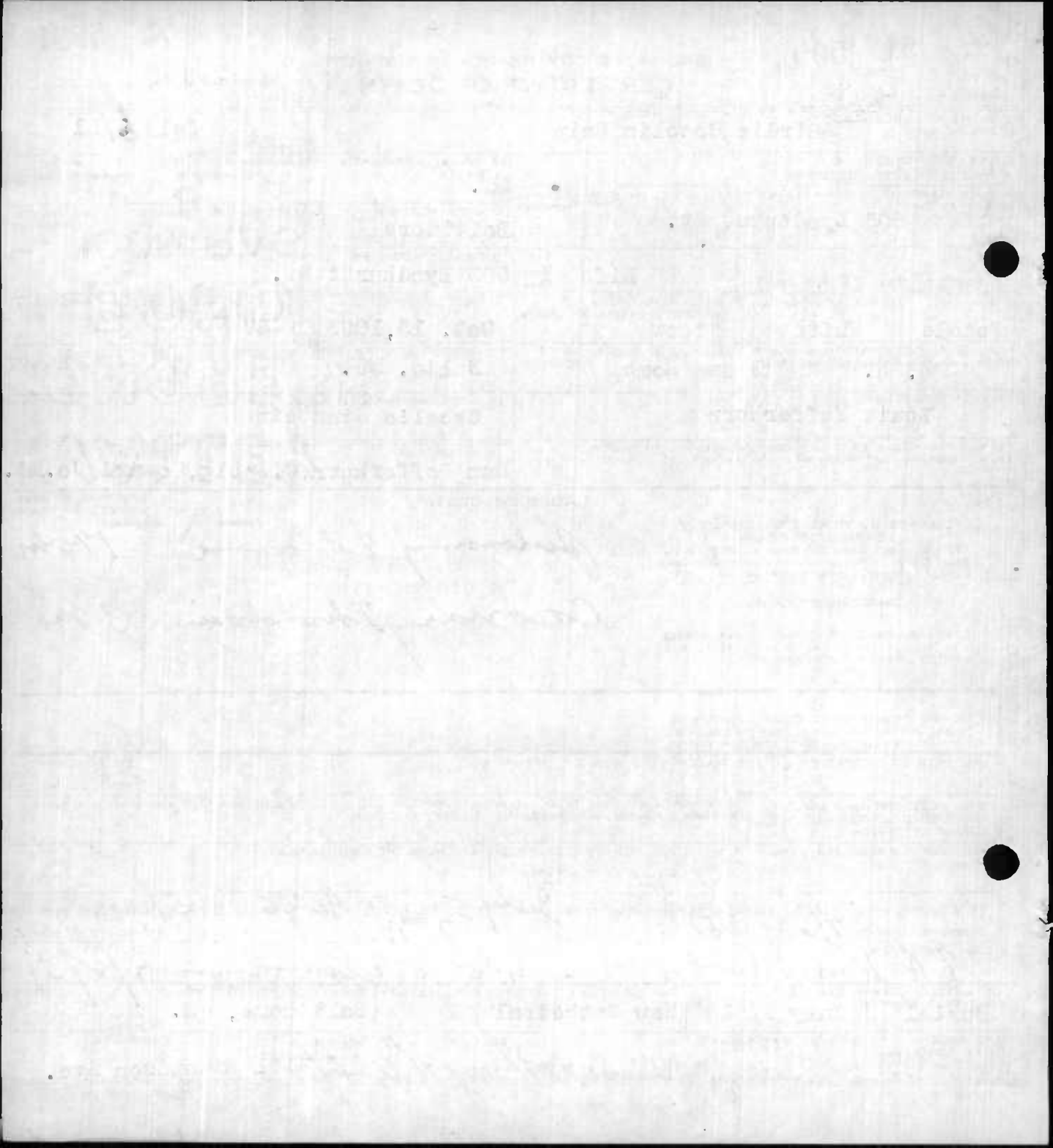
4101 Edmondson Ave.

VS 150

94a

correct age is extremely important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



51 5992

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 5992

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Parks Burns

2. DATE
OF
DEATH

7 July 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Dundalk

5300

D. STREET ADDRESS (If rural, give location)

7610 Spruce Rd. Baltimore 22,

C. Length of stay in Baltimore

28 yrs

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

14 Nov. 1896

9. AGE (in years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Exterminator

10B. KIND OF BUSINESS OR
INDUSTRY

Rose Ext. Co.

11. BIRTHPLACE (State or foreign country)

Penn.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Theodore Burns

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

218 07 5340

17. INFORMANT

ADDRESS

Mrs. Pearl Burns, 7610 Spruce Rd.

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hypertensive Cardiovascular Renal
Disease with resultant
uremia

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July 51, 1951, to 7 July, 1951, that I last saw the
deceased alive on 7 July, 1951, and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE

L. Dale Ammons

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

7 July '51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

July 10/51

24C. NAME OF CEMETERY OR CREMATORY

Logan Valley Cemetery

24D. LOCATION (City, town, or county)

Bellwood, Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 9-1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Harry H. Budge

ADDRESS

4101 Edmondson Ave.

VS 150

69082

131a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

12/1/41

William F. Jones

M. J.

Donald

Mary - 10/1/41

1210 2nd St. N. W.

14 Nov. 1941

14 Nov. 1941

M.

USA

Frank

Extensive for 1000 sq. ft.

Baron

London - 10/1/41

14 Nov. 1941 - 12/1/41

12/1/41

W. J. Jones

12/1/41 - 12/1/41

12/1/41 - 12/1/41

12/1/41 - 12/1/41

51 5993

51 5993

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carrie Siegmund

2. DATE
OF
DEATH July 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 405 N. Broadway

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

405 N. Broadway

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 19, 1877

9. AGE (in years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Siegmund

14. MOTHER'S MAIDEN NAME

Fredericka Ortman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Fred Siegmund 405 N. Broadway

18. 4/20.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH.
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOCoronary Thrombosis
arterio-sclerosis -

July 6/51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

arterial Hypertension -

(C)
DUE TO

cardio-vascular - Renal -

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Thoracic Potts - Emphysema

50yr?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1951 to July 6, 1951, that I last saw the
deceased alive on July 3, 1951, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

July 9, 1951

Baltimore

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

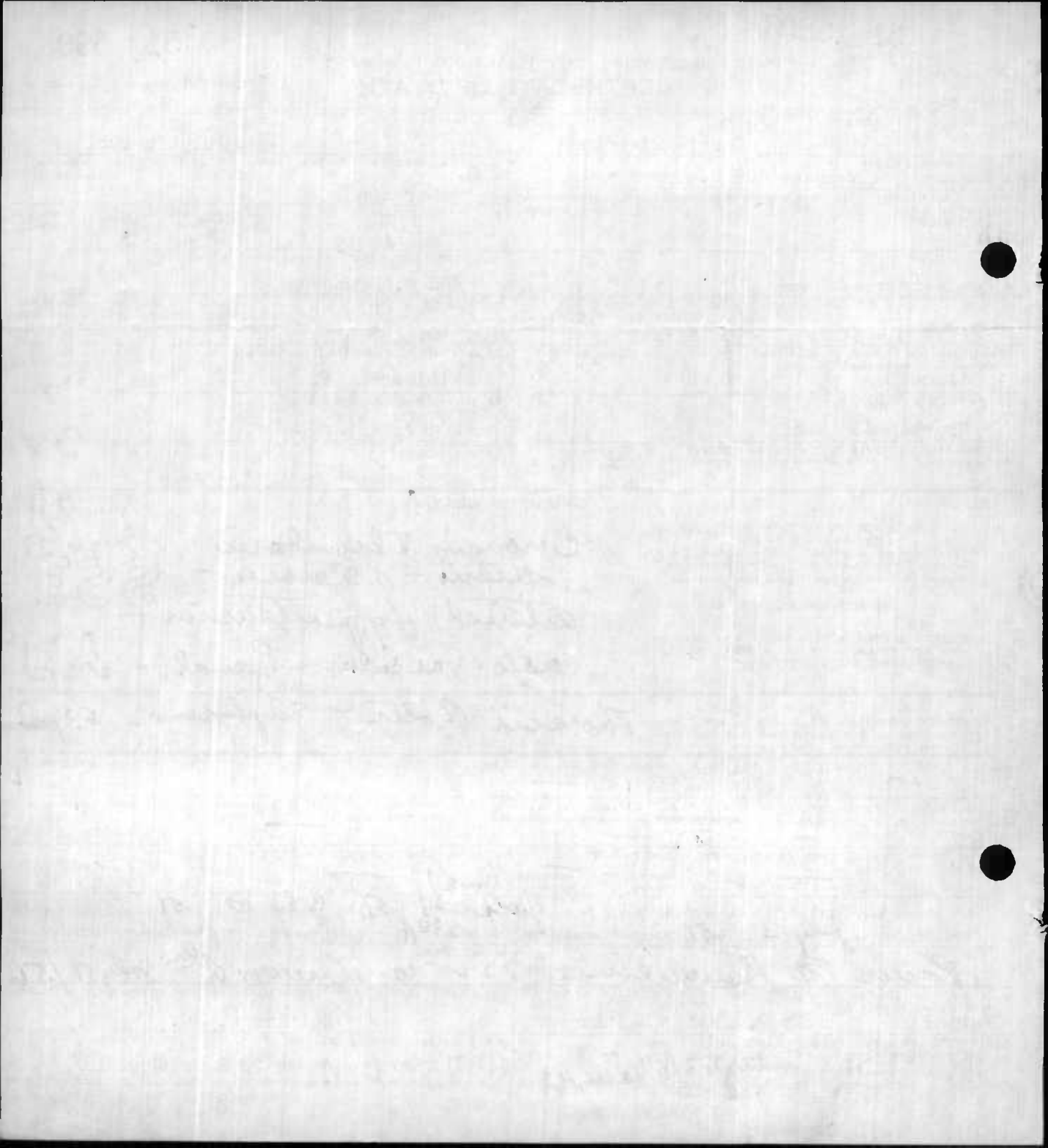
25. FUNERAL DIRECTOR

ADDRESS

JUL 9 1951

Wilmington Williams, Jr.

Ulrich Funeral Home 2008 Orleans St.,



51 5994

51 5994

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SAMUEL BUDEN

2. DATE
OF
DEATH

7/8/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

4011 ELDORADO AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO.

28-41

c. Length of stay in Baltimore

45

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE (in years
last birthday)

66

11 Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PAINTER

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

SHOLOM

CONJO

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

ESTHER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ANNIE BUDEN- 4011 ELDORADO AVE

18. 204.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic lymphoid leukemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary Insufficiency

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Aug 26, 1946, to July 5, 1951, that I last saw the
deceased alive on July 2, 1951, and that death occurred at 10:20 am., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Theales

M. D.

23B. ADDRESS

1314 W. North Ave

23C. DATE SIGNED

7/9/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7-9-1951

24C. NAME OF CEMETERY OR CREMATORY

ROSEDALE

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, Inc. Jack Lewis Inc - 2100 Eutan Place.

JUL 9-1951

VS 150

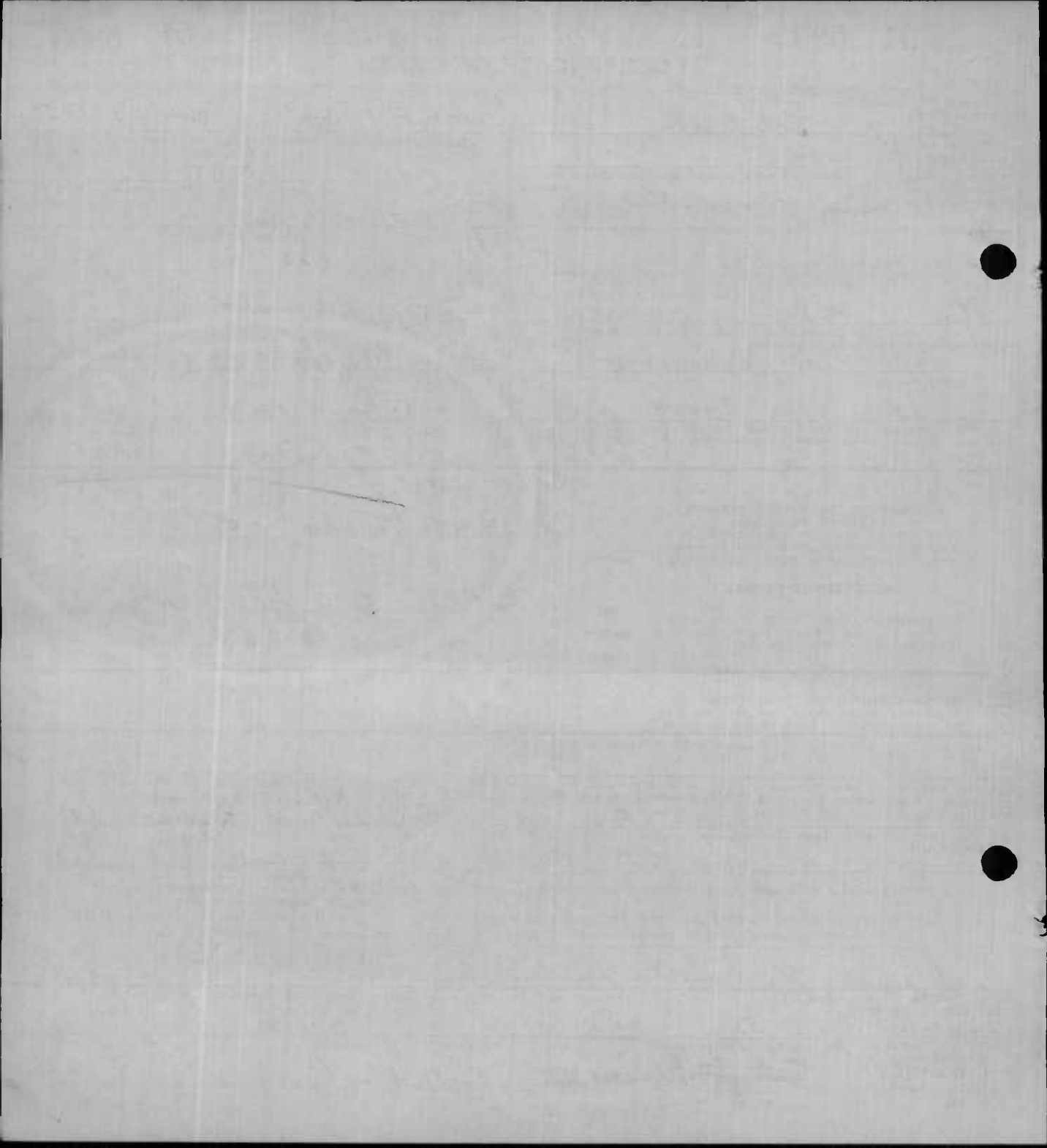
36424

74a

MEDICAL CERTIFICATION

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

Needle
2314 W North
9³⁰ AM
Ma 6648



250 51 5996

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 5996
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HAROLD BERNARD DISNEY

2. DATE
OF
DEATH

July 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Grove & Redwood

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

Balto Co.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Rodgers Forge

D. STREET ADDRESS (If rural, give location)

247 Rogers Forge Rd (2)

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 22, 1890

9. AGE (In years last birthday)

61

10. Under 1 Year
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chemist

10B. KIND OF BUSINESS OR INDUSTRY

City of Baltimore

11. BIRTHPLACE (State or foreign country)

A. A. Co. Md

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

William D. Disney

14. MOTHER'S MAIDEN NAME

Mellie C. Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Emily N. Disney wife

ADDRESS

247 R. F. Rd.

18. E 971.8

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cyanide Poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

HOTEL

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

HOTEL CHelsea

HOWARD + MULBERRY STS.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

July 7, 1951 P.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

SELF INGESTION OF potassium cyanide

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☒ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Duncanson M.D.

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23C. DATE SIGNED

July 8, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

July 10/51

24C. NAME OF CEMETERY OR CREMATORY

Trinity

24D. LOCATION (City, town or county) (State)

Near Anderson Md

DATE RECEIVED BY LOCAL REGISTRAR

JUL 9 - 1951

REGISTRAR'S SIGNATURE

Trinity for William H. H.

25. FUNERAL DIRECTOR

Seward Morris. Balto.

ADDRESS

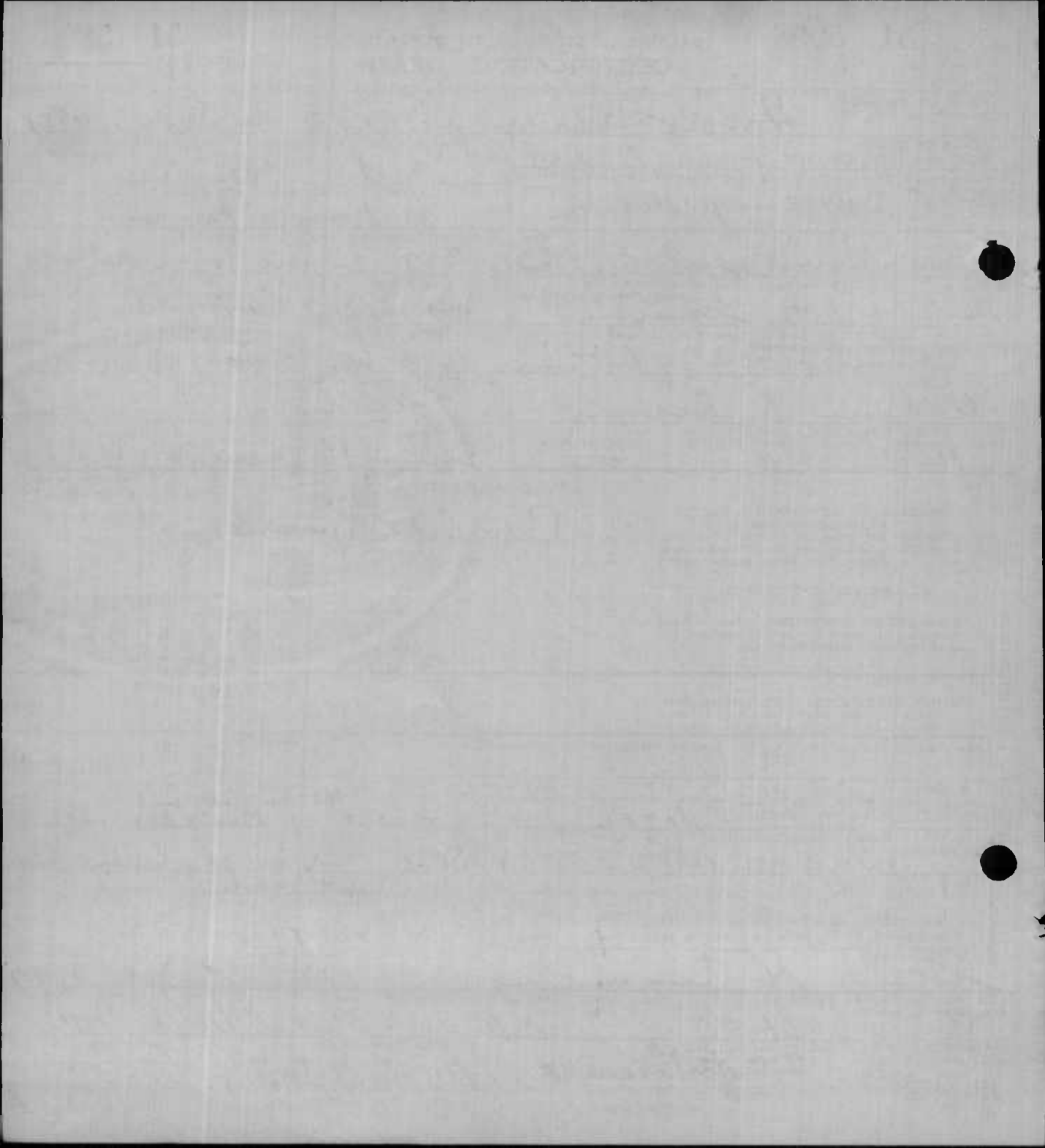
VS 151

N-979.0

007 93

1639

correct age is especially important. Physicians: please write the causes of death clearly and correctly.



51 5997

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 5997

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER E. KASKEL, Jr.

2. DATE
OF
DEATH

July 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4327 Newport Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct 5, 1910

9. AGE (In years last birthday)

40

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shipping clerk

10B. KIND OF BUSINESS OR INDUSTRY

Blum's dept store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

XXX U.S.

13. FATHER'S NAME

Walter E. Kaskel, Sr.

14. MOTHER'S MAIDEN NAME

Clara Kirby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

yes

2nd W.W.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Phyllis Kaskel 4327 Newport Ave

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
July 7, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

July 10/51

Balto. National

Frederick Rd, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 9-1951

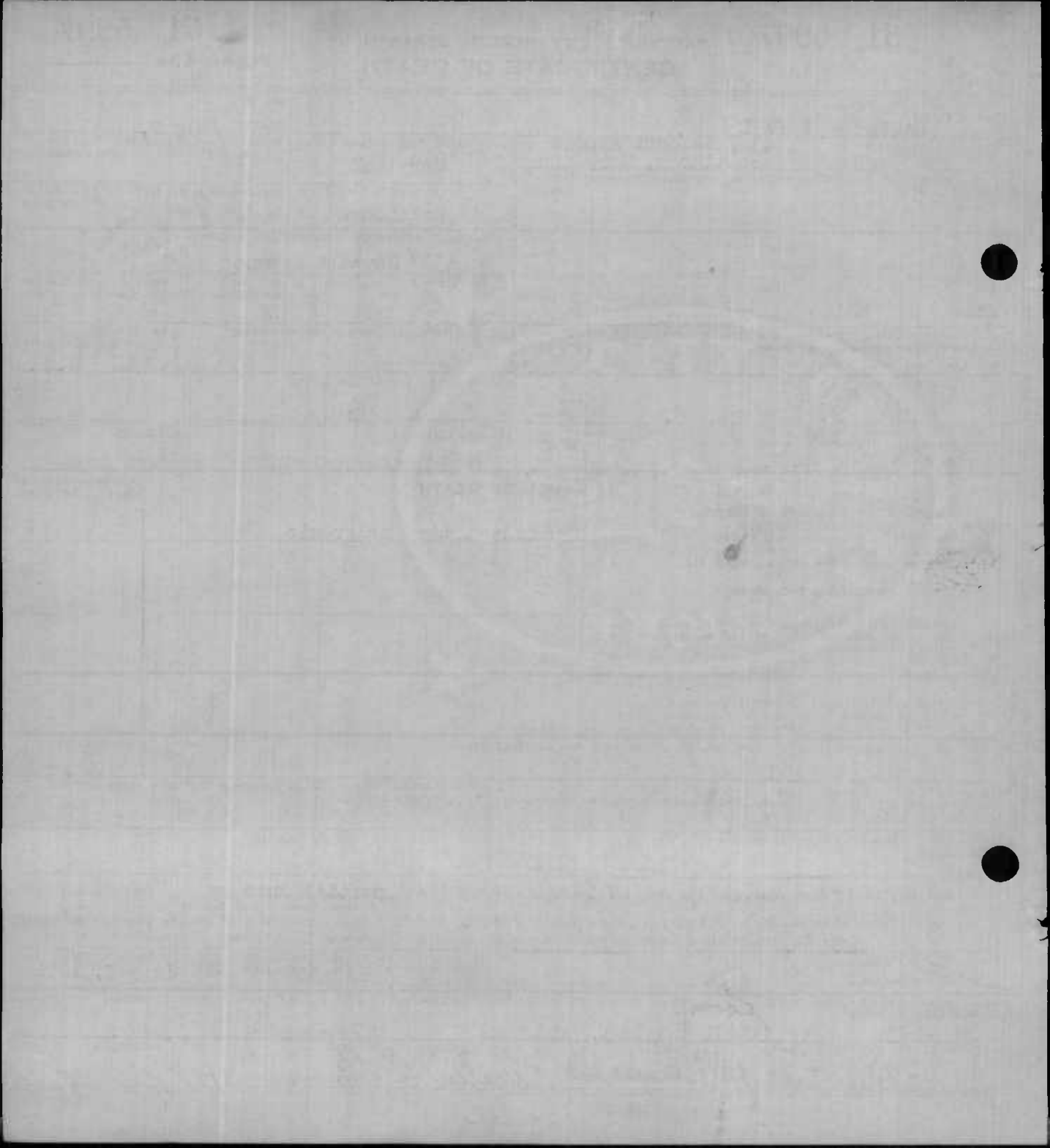
Justin E. Donovan

3818 Roland Ave

VS 151

342 60

94a



51 5998

51 5998

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Irene E. Hall*2. DATE
OF
DEATH*7-5-51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*Provident Hosp.*

C. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

*C*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*m*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Balto**13-03*

D. STREET ADDRESS (If rural, give location)

1500 Whitelock St

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Mollie Gibson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Eugene Hall, 1500 Whitelock St*18. *491X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Dementia Praecox (calatonic state)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *6/25*, 19*51*, to *7/5*, 19*51*, that I last saw the deceased alive on *7/5*, 19*51*, and that death occurred at *59* m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Holmes III

23B. ADDRESS

Provident Hosp.

23C. DATE SIGNED

7/9/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

24B. DATE

July 9, 1951

24C. NAME OF CEMETERY OR CREMATORY

Arboretum

24D. LOCATION (City, town, or county) (State)

md

REGISTRAR'S SIGNATURE

Wm. H. Williams

25. FUNERAL DIRECTOR

Geo. S. Gibson

ADDRESS

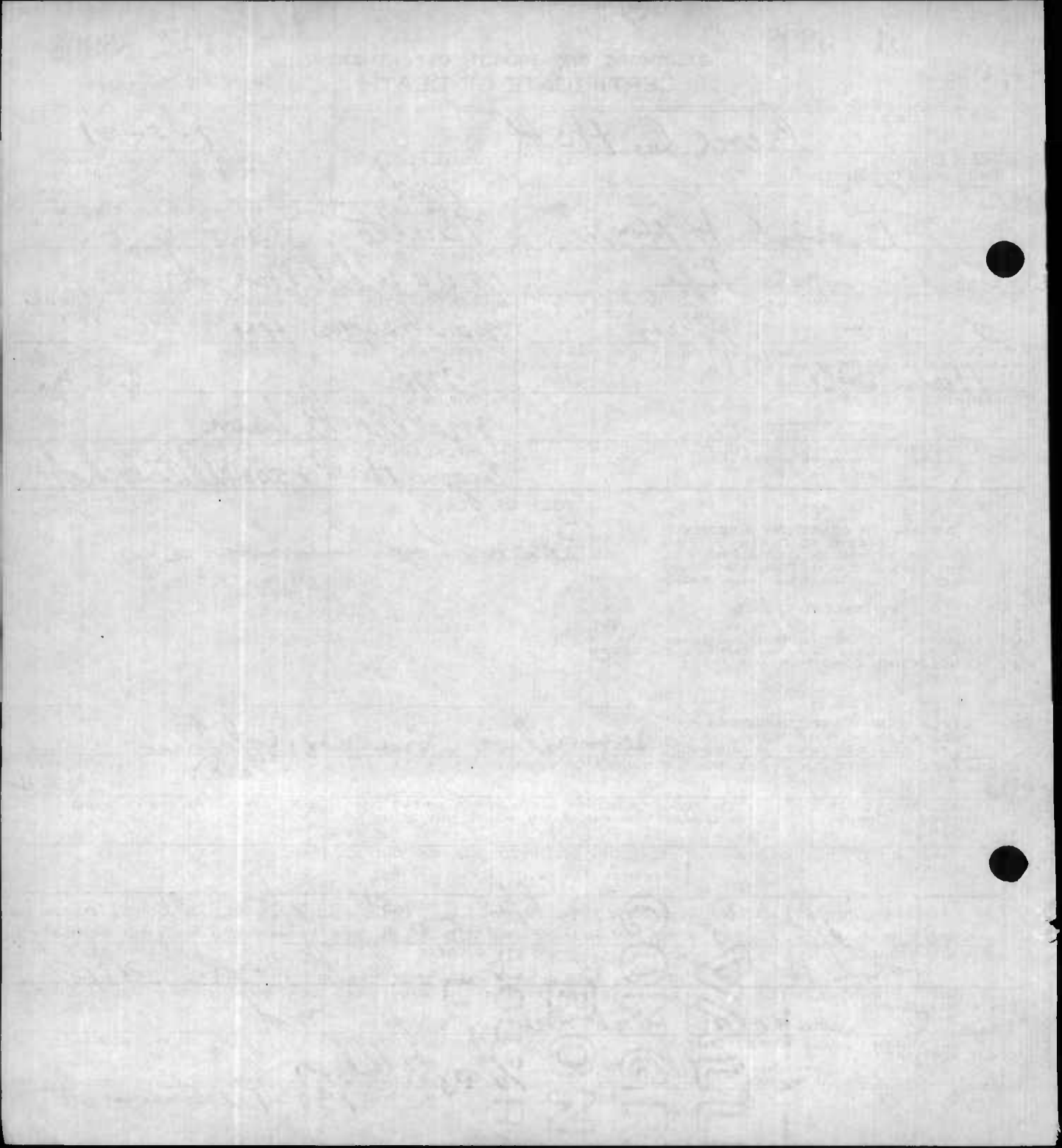
1303 Prestman St

VS 150

107

MEDICAL CERTIFICATION

correct age is especially important. Physicians, please write the exact



51 5999

51 5999

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Martha Evans*2. DATE
OF
DEATH*July 6, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*1926 Mc Culloch st*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Balto**14-03*

D. STREET ADDRESS (If rural, give location)

1926 Mc Culloch st

c. Length of stay in Baltimore

5. SEX

7

6. COLOR OR RACE

*C*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*D.*

8. DATE OF BIRTH

*Oct 10, 1886*9. AGE (In years -
last birthday)*64*11 Under 1 Year
Months; Days11 Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Domestic*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Pa*12. CITIZEN OF
WHAT COUNTRY?*U. S. A.*

13. FATHER'S NAME

Albert Green

14. MOTHER'S MAIDEN NAME

*Eliza Thomas*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Eite Turner 645 Surge St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chronic Hypertension

DUE TO

(C)

*2 yrs.*OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 1 - 1951* to *July 6, 1951*, that I last saw the
deceased alive on *July 5, 1951* and that death occurred at *7:30 a. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Miss G. Johnson

23B. ADDRESS

2329 Guilford L

23C. DATE SIGNED

*July 7-51*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

July 9, 1951

24C. NAME OF CEMETERY OR CREMATORY

not Calvary

24D. LOCATION (City, town, or county)

md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

Ed S. Nelson

ADDRESS

131B

VS 150

7208A

1303/Restman St

correct age is especially important. Physicians - please state the reason.

MEDICAL CERTIFICATION

2329 Guilford and

51 6000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 6000

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Mr. J. Irving ~~Clark~~ CLARK2. DATE
OF
DEATHJuly 6th 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Home for Incurables

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE700 West 40th Street

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. ~~SINGLE~~ ~~MARRIED~~
~~WIDOWED~~ ~~DIVORCED~~ (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

13. FATHER'S NAME

Albert D Clark

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Sept. 29th 1883

9. AGE (In years last birthday)

67

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min

11. BIRTHPLACE (State or foreign country)

Maryland U.S.A.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Sarah L. Kemp

17. INFORMANT

F. N. Well

ADDRESS

700 West 40th Street

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial Infarction

10 minutes

DUE TO

Coronary Sclerosis

3 years

ANTECEDENT CAUSES

(B)

Right Hemiparesis

5 years

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 3, 1949, to July 6, 1951, that I last saw the deceased alive on July 6, 1951, and that death occurred at 7:58 a. m., from the causes and on the date stated above.

23A. SIGNATURE

W. Brothman

M. O.

23B. ADDRESS

214 Medical Arts Building

23C. DATE SIGNED

7/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/9/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 9-1951

VS 150

W. M. G. Schaner & Sons

94a Balto Md.

MEDICAL CERTIFICATION

